

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: 24227

FolderID:

Folder Title:

USDA [Department of Agriculture]/AmeriCorps - Clinton Library Copies - FY96 3rd Quarter Progress Reviews - IA-IL [2]

Stack:

S

Row:

66

Section:

1

Shelf:

5

Position:

3

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	re: SSNs [Personally Identifiable Information] [partial] (42 pages)	00/00/1996	b(6)

COLLECTION:

Clinton Presidential Records
AmeriCorps
General Files
OA/Box Number: 24227

FOLDER TITLE:

USDA [Department of Agriculture]/AmeriCorps - Clinton Library Copies - FY 96 3rd
Quarter Progress Reviews - IA-IL [2]

2013-0661-F
rc3058

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]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	re: SSNs [Personally Identifiable Information] [partial] (42 pages)	00/00/1996	b(6)

COLLECTION:

Clinton Presidential Records
AmeriCorps
General Files
OA/Box Number: 24227

FOLDER TITLE:

USDA [Department of Agriculture]/AmeriCorps - Clinton Library Copies - FY 96 3rd
Quarter Progress Reviews - IA-IL [2]

2013-0661-F
rc3058

RESTRICTION CODES

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

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

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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]

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.

3/12/96

10. MEMBER DATA:

OP SITE ID: Y16F Site Supervisor: Lynn Rasmussen PHONE: 208-746-9886
STATE: ID Agency/Org Name: NRCS FAX: 2087463468
City: Lewiston, ID

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
SWANSON, LISA	M. (b)(6)	F	A	A	208	207			208
Total Hours:									208

[001]

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.

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

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

3/12/96

10. MEMBER DATA:

OP SITE ID: Y16H

Site Supervisor: Bruce Hanson

PHONE: 208-476-5313

Agency/Org Name: NRCS

FAX: 2084767365

STATE: ID

City: Orofino, ID

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
MILLER, ROBERT	O. (b)(6)	F	A	A	192	✓/16			192
Total Hours:									192

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.

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

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

3/12/96

10. MEMBER DATA:

OP SITE ID: Y16I Site Supervisor: Dave Brown PHONE: 208-667-2548
STATE: ID Agency/Org Name: NRCS FAX: 2086675693
City: Coeur d'Alene , ID

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
WHITESELL, STEPHEN	E. (b)(6)	F	A	A	222	56 1/2			222
Total Hours:									222

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.

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

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

3/12/96

10. MEMBER DATA:

OP SITE ID: Y16J Site Supervisor: Ken Houska PHONE: 208-882-0507
STATE: ID Agency/Org Name: NRCS FAX: 2088834239
City: Moscow , ID

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
PRESTON , KENNETH	G. (b)(6)	F	A	A	147	477			147
Total Hours:									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: _____

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

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

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

3/12/96

10. MEMBER DATA:

OP SITE ID: Y16K Site Supervisor: Kim Golden PHONE: 208-765-8553
Agency/Org Name: NRCS FAX: 2086648470
STATE: ID City: Coeur d'Alene , ID

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
VANDIVER, REXANNE	F. (b)(6)	F	A	A	144	539 3/4	_____	_____	144
Total Hours:									144

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.

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

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

3/12/96

10. MEMBER DATA:

OP SITE ID: Y16L

Site Supervisor: Jim Wood

PHONE: 208-378-5723

Agency/Org Name: NRCS

FAX: 2083785735

STATE: ID

City: Boise, ID

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	1st Rpt	HOURS				Total
						2nd Rpt	3rd Rpt	4th Rpt		
JENSEN, SHAINA	J. (b)(6)	F	A	A	164	56 1/2			164	
Total Hours:									164	

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.

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

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

3/12/96

10. MEMBER DATA:

OP SITE ID: Y16M Site Supervisor: Skip Vettan PHONE: 208-888-1890
STATE: ID Agency/Org Name: NRCS FAX: 2088845636
City: Meridan , ID

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
FAULKNER, PAUL	A. (b)(6)	F	A	A	224	504			224
Total Hours:									224

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.

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

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

3/12/96

10. MEMBER DATA:

OP SITE ID: Y16N Site Supervisor: Randy Phelan PHONE: 208-365-4212
STATE: ID Agency/Org Name: NRCS FAX: 2083657183
City: Emmett , ID

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
HOLLOWAY , LANCE	T. (b)(6)	F	A	A	224	520			224
Total Hours:									224

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.

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

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

3/12/96

10. MEMBER DATA:

OP SITE ID: Y16P Site Supervisor: John Gleim PHONE: 208-454-8684
STATE: ID Agency/Org Name: NRCS FAX: 2084541037
City: Caldwell , ID

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
RICHARDSON , JEFF	W. (b)(6)	F	A	A	223	427			223
Total Hours:									223

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.

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

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

3/12/96

10. MEMBER DATA:

OP SITE ID: Y16Q Site Supervisor: Thomas Yankey PHONE: 208-549-0198
STATE: ID Agency/Org Name: NRCS FAX: 2085493570
City: Weiser , ID

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
CANT , DEBRA	K. (b)(6)	F	A	A	25	25			25
Total Hours:									25

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.

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.

Obj. 4- Pow-Wow Grounds Study

Because this site has wetland characteristics, the Member has been working with the Natural Resource Conservation Service to determine if the site can be developed. For the site to be developed, it needs to be ruled as it having "Minimal Effect", which means that the development of the parcel would not affect with the natural processes in the area or in any other area.

Obj. 5- Computer Training

The Member continues to work with 6 co-workers at the Public Works Department, all at different levels of understanding and proficiency, on the use of Microsoft Windows and MSOffice. He has also spent some extra time explaining hard disk ad file management.

Obj. 6- Mitigation-Wetland Transfers

The Tribal Public Works has a high need in this are and the Member has initiated the needed information gathering. With the use of the Natural Resource Conservation Service, State Lands Division, and Army Corps of Engineers wetland guidelines, he has been able to state the requirements needed for the process. This is very valuable to the Public Works Department because it has established the ground work for any future tribal development and land acquisitions.

*Op. Site P41B:***Obj. 1- Assistance provided in obtaining repairs for home and health and safety standards**

The Member continued to distribute flyers, send out press releases and do presentations about the Section 504 Rural Housing Repair Program. This has resulted in thirteen applications received. However, because this is more of a response that the local Rural Economic and Community Development office can handle at this time, the Member is suspending her marketing of the program and focusing on making site visits to assist people in filling out their applications. In this quarter, she has made 11 site visits. The thirteen applications received have resulted in five homes being repaired, which means that the Member has already met her target quantity for the year..

Obj. 2- Rural loan fund outreach

The Lane Council of Governments (LCOG) established the Rural Business Development Fund (RBDF) with a loan it received from USDA. The Member has been working with LCOG's Loan Manager to provide outreach for the program by distributing flyers and brochures, scheduling and giving presentations with local community groups, and sending out press releases about projects the program has funded. As of the end of the second quarter, seven loans have been made which have resulted in saving or creating 38.5 jobs in Lane County. The Member has now exceeded her target amount of loans made by 2 and her target amount of jobs created or saved by 8.5.

Obj. 3- Outreach-Rural Investment Fund

During this quarter, the Member compiled all of the Rural Action Plan surveys that had been submitted and turned them in to the Lane Council of Governments for the use of the Benton-Lane-Lincoln-Linn (BL3) Regional Strategy Board. This enabled the BL3 Regional Strategy Board to finish the Rural Action Plan in time for submittal to the State of Oregon by the deadline of March 31. The following quarter, the Member plans to work with the Lane Council of Governments to distribute information about applying for Rural Investment Fund moneys and will assist applicants in completing proposals.

16. COMMUNITY BUILDING OBJECTIVES NARRATIVE

- Op. Site P41A:* Because the sewer system and several other tribal community facilities are under the jurisdiction of Polk County instead of the Tribe, the Member has been working closely with Polk County community developers and the Tribe to seek out different options into funding community infrastructure for the Tribe.
- Op. Site P41B:* Because of the Member's work on the Rural Action Plan, communities have been able to take an active role in deciding how funds set aside by Oregon Legislature should be spent in their area. Further, the Member has continued to work towards getting the funds to go for at least one economic development projects in Lane County that will create jobs and improve the lives of local citizens.

17. AMERICORPS MEMBER DEVELOPMENT OBJECTIVES NARRATIVE

- Op. Site P41A:* The Member is involved in Cultural Site Preservation at the Tribe. The exposure to historical events in the area has given the Member a deeper awareness and feelings about the community and culture of the area.
- Op. Site P41B:* The Member continues to learn about working with the public and with other professionals and about the use of computers.

18. UNIQUE SUCCESSES OR GREAT STORIES

- Op. Site P41A:* In light of the most recent storm damage events, the Member worked with the Salem newspaper to set up a list of volunteers that were willing contribute their time and efforts to help the Grand Ronde Tribe. The Member has assumed the responsibility of being the Volunteer Coordinator.
- Op. Site P41B:* One of the projects funded by the revolving loan fund that the Member has done outreach for created 15 jobs in rural Lane County alone. Also, the amount of funds spent per job created or saved so far this year is around \$14,000, which is less than half of the \$35,000 limit. This means that USDA is having a greater impact per dollar spent than what was expected when the revolving loan fund was established.

19. DIFFICULTIES FACED BY THE PROGRAM

- Op. Site P41A:* The Member feels that his plate is quite full and that managing all of his objectives is a challenge in itself. However, he feels that if he can at least set the process in motion, he will have exceeded his own expectations.
- Op. Site P41B:* Loretta Holliday has filled the position of Community Development Manager and is now her site supervisor. Rosanne Volker-Bronson, who had been serving as her site supervisor, has transferred to another office. Two of the four positions at the site are now vacant, leaving the office short staffed and slowing the processing of Section 504 applications. No applications have been processed since January and applicants are becoming impatient. As of this date, the new Community Development Manager has begun processing some of the applications that were tuned in February and the Member has suspended the outreach activities for the program, so hopefully the office will be able to catch up.

20. NATIONAL IDENTITY ACTIVITIES

Op. Site P41A: The Tribe has seen the benefits that an AmeriCorps Member can bring and is interested in becoming a host for its own AmeriCorps team using tribal members to do community service for the Tribe. The Member has spoken to many tribal members about the benefits of them doing this not only for the improvements that could be done at the Tribe but also for all of the great training that its tribal members would receive.

Op. Site P41B: Due to flooding in Oregon, the state-wide AmeriCorps training/conference that the Member was planning to attend was canceled.

21. ORGANIZATIONAL CHANGES

None to report for this quarter.

22. ORGANIZATIONAL IMPROVEMENTS

Op. Site P41B: Because of the very short notice the Member received about the national training for USDA AmeriCorps Members, she was unable to attend. The Member was also unable to participate in a USDA AmeriCorps teleconference with Secretary Glickman because of extremely short notice.

23. PRIMARY TRAINING AND TECHNICAL ASSISTANCE NEEDS

Op. Site P41A: Resources identification, the Internet, and how to use local libraries and colleges for additional data.

15. COMMUNITY SERVICE OBJECTIVE NARRATIVE

Op. Site P41A:

Obj. 1- Update/upgrade tribal sewer system

The Member has continued to work with the local community and tribal government addressing update/upgrades to the community sewer system. Housing issues are the main concern to the tribe and current plans to expend tribal housing through the Tribal Housing Department are in progress. However, the planning for future development is restricted due to the limitations of the sewer system. During rainy periods, the Inflow and Infiltration (I&I) rates short circuit the system to the point of zero treatment, which in turn causes compliance violations with the Oregon Department of Environmental Quality requirements. The Member has reviewed and engineering I&I study and report. The study pointed out the areas in need of adjustments and corrections. Since the tribal sewer system is under the jurisdiction of Polk County and not the Tribe, the Member has been working with Polk County to find a way to fund the necessary updates/upgrades. Polk County is looking to obtain a grant for \$250,000 from the Oregon Economic Development Department for this purpose. The corrections and repairs to the system would allow for approximately 186 housing units to be connected to the current sewer system.

Obj. 2- Assistance provided in obtaining repairs for home and health and safety standards

The Bureau of Indian Affairs Housing Improvement Program offers housing repair loans with zero-interest and higher amount limits than the RECD Section 504 Rural Housing Repair Program. In addition, due to the storm damage in the last few months, the tribe now has access to Federal Emergency Management Agency (FEMA) funds for use on housing rehabilitation. FEMA has a larger program with low-interest rates and less paperwork for the applicant. Therefore, there is no longer a need for the Section 504 Program in the Tribe. The Member has requested, and the State Office concurred, to eliminate this objective so he can concentrate his time and efforts on where he can be most useful.

Obj. 3- Tribal Cemetery Inventory

The Member has been trying to find a way to inventory the site without disturbing buried tribal members and has found a piece of equipment that is non intrusive called a Subsurface Interface Radar (SIR). The equipment is a major purchase of \$35,000 and would require the use of two full time operators to run it. Since this expense requires the approval of the Tribal Council, the Member has put together a proposal for the Tribal Council explaining the different uses of it and the possibility of contracting it out to other tribes or interested parties after they are done with the site inventory. The Public Works Director has submitted the proposal to the Tribal Council and now they are waiting to hear the decision.



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: Idaho

3. Agency: ARS ☐ NRCS ☒ Forest Service ☐ RECD ☐ FSA ☐ FCS ☐

SECTION II - STATE CONTACT INFORMATION:

(Make Corrections if Necessary)

4. Contact Name: Dave DeTullio _____
Last
NRCS
3244 Elder St, Rm 124
Boise ID 83705
5. Title: _____ (Assistant State Conservationist)
6. Address: _____
street, number, and PO (if applicable)

City State Zip
7. Telephone number: 208 - 378 - 5702
8. Fax number: 208 - 378 - 5735
9. E-Mail Address (if any) : _____

SECTION III - MEMBER DATA:

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

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

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

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

REMEMBER:

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

1/30/96

10. MEMBER DATA:

OP SITE ID: Y16B

Site Supervisor: Tim

Schroeder Richard Yankey

PHONE: 208-547-2558
FAX: 208-547-4801
733-5380
736-1898

STATE: ID

Agency/Org Name: NRCS

City: Soda Springs
Twin Falls

, ID 83301-20

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
BENGE, REBECCA	S. (b)(6)	F	A	A	159				

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.

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: Y16Q

Site Supervisor: ~~Pim~~

Stack Thomas Yankee

PHONE: 208-642-6128

STATE: ID

Agency/Org Name: NRCS

FAX: 208-642-2142

City: Payette Weiser

ID

549-0198

5493570

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
CANT, DEBRA	K. (b)(6)	F	A	A	25				

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.

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.

1369 E, 161

1/30/96

10. MEMBER DATA:

OP SITE ID: Y16C

Site Supervisor: Ren

Davidson Jeffrey Bohr

PHONE: 208-766-4748

STATE: ID

Agency/Org Name: NRCS

FAX: 208-766-2344

City: Maist Burley

ID 83312-2127

678-7946
6785750

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
FISCHER, MICHAEL	P. (b)(6)	F	A	A	188				

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.

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: Y16A

Site Supervisor: Ken

Beckman

Steve Thompson

PHONE: 208-624-3341

934-8481

Agency/Org Name: NRCS

NRCS

FAX: 208-624-4423

934-4327

STATE: ID

City: St. Anthony

Gooding

ID 83330-6155

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
MUFFLEY, JILL	L. (b)(6)	F	A	A	193.5				

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.

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

3510 161 24

10. MEMBER DATA:

OP SITE ID: Y16F

Site Supervisor: Rob

Fredericksen

Lynn Rasmussen

PHONE: 208-924-5561

FAX: 208-924-5562

STATE: ID

City: Craigmont Lewiston, ID 83501-5525

746-9886

746-3468

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
SWANSON, LISA	M. (b)(6)	F	A	A	208.25				

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.

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: Y16K

Site Supervisor: Mike

Combs Kim Golden

PHONE: 208-245-2314

STATE:

Agency/Org Name: NRCS

City: St. Maries
Coeur d'Alene

ID 83214-245

FAX: 208-245-6052
664.8470

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
VANDIVER, REXANNE	(b)(6)	F	A	A	143.5				

No. of Members Allocated by USDA: 1

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 01

No. of Members for Whom Forms Have NOT Been Recieved*: 10

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: 1

* 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: Y16M

Site Supervisor: Skip Vettan

PHONE: 208-888-1890

Agency/Org Name: NRCS

FAX: 208-349-230

STATE: ID

City: Meridan, ID

8845636

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
FAULKNER, PAUL	A. (b)(6)	F	A	A	224				

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.

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: Y16N

Site Supervisor: Randy Phelan

PHONE: 208-365-4212

Agency/Org Name: NRCS

FAX: 2083657183

STATE: ID

City: Emmett, ID

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
HOLLOWAY, LANCE	T. (b)(6)	F	A	A	224				

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.

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: Y16L

Site Supervisor: Jim Wood

PHONE: 208-338-5900 ³⁷⁸⁻⁵⁷²³

Agency/Org Name: NRCS

FAX: 208-338-5337 ³⁷⁸⁻⁵⁷³⁵

STATE: ID

City: Boise, ID

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
JENSEN, SHAINA	J. (b)(6)	F	A	A	163.5				

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.

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: Y16E

Site Supervisor: Ron Davidson

PHONE: 208-237-4628

Agency/Org Name: NRCS

FAX: 2082373412

STATE: ID

City: Pocatello, ID

↳ Pocatello

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
MCDUGAL, RAYMON	D. (b)(6)	F	A	A	224.25				

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.

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: Y16H

Site Supervisor: Bruce Hanson

PHONE: 2008-476-5313

Agency/Org Name: NRCS

FAX: 2084764111

STATE: ID

City: Orofino, ID

4767365

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
MILLER, ROBERT	O. (b)(6)	F	A	A	192.				

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.

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: Y16J

Site Supervisor: Ken Houska

PHONE: 208-882-0507

Agency/Org Name: NRCS

FAX: 2088834239

STATE: ID

City: Moscow, ID

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
PRESTON, KENNETH	G. (b)(6)	F	A	A	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: /

* 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: Y16P

Site Supervisor: John Gleim

PHONE: 208-454-8684

Agency/Org Name: NRCS

FAX: 2084541037

STATE: ID

City: Caldwell, ID

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
RICHARDSON, JEFF	W. (b)(6)	F	A	A	223				

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.

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: Y16D

Site Supervisor: Dennis Hadley

PHONE: 208-522-5351

Agency/Org Name: NRCS

FAX: 2085220280

STATE: ID

City: Idaho Falls, ID

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
WATERS, DAVID	I. (b)(6)	F	A	A	213.5				

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.

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: Y16I

Site Supervisor: Dave Brown

PHONE: 208-⁶⁶⁷⁻²⁵⁴⁸~~338-5900~~
FAX: 2086675693

STATE: ID

Agency/Org Name: NRCS

City: Coeur d'Alene, ID

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
WANDIVER , REXANNE	F.	F.	A.	A.					
WHITESELL, STEPHEN	E.	F	A	A	221.5				

No. of Members Allocated by USDA: 1

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

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

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.

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
0				

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
0				

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"

QUESTION 13. PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE GOALS

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
ID	Y16	1	E093	Awareness and exposure to the Home*A*Syst program.	600	# made aware	10,314	400	# of farmers who are exposed and agree to participate.	106
ID	Y16	2	E093	Assessment by the home owner. <i>asked for assessments</i>	360	# with increased knowledge from materials.	89	180 <i>50%</i>	# of farmers who use initiate an assessment. <i>OK</i>	61
ID	Y16	3	E114	Installation of corrective measures and/or taking of corrective action by the home owner.	145	# implementing positive change (environmental/ water quality).	23	145	# of home owners who install corrective measures and/or take corrective action(s).	23

Home packets distributed

Due to the brevity of term of service allocated to the findings of this initial report, some of the (optional) questions have been left unanswered. We expect to have no lack of input in the subsequent three reports. Thank you.

17. AmeriCorps Member Development Objectives Narrative.

While it is premature to come to overriding conclusions of the experiences of the fifteen AmeriCorps members, it is relevant to address how these individuals felt they could benefit from the experience and how the experience could in turn benefit them.

Following are just a few excerpts taken from the member's applications when asked, "Why do you want to join AmeriCorps?" Perhaps these expectations can be compared to the resolutions of the final report.

- "I want to be part of the solution to the needs of the country."
- "By joining the AmeriCorps program, I hope to gain knowledge about interacting with the public in natural resource settings and working with others in developing ways to enhance the environment. What AmeriCorps' goal is, helping communities in America to better themselves as well as helping students with educational costs, is very appealing to me."
- "...to stay in the conservation field of study and contribute all I have to preserve natural resources for future generations to enjoy."
- "...an opportunity to gain practical work experience in my chosen field...allow me to contribute in my local area while applying my knowledge of science, education, and experience in public relations."
- "I am particularly interested in educating the public in ways to preserve and enhance the environment."
- "I must not only be successful in what I do, I must believe in what I do."
- "I've earned a Bachelor of Science degree in Geology at Idaho State University and have not been able to utilize my education in employment outside of the university... AmeriCorps would be a valuable opportunity to gain experience in fields relating to environmental concerns. I want to use my education to help benefit others, our communities, and the environment."
- "...a program where Americans become involved in their community to improve quality of life...individuals with different ethnic backgrounds and different walks of life in a united effort to improve other's lives."
- "...AmeriCorps can provide such an experience -- the integration of experience, interest, and service. The Home*A*Syst program is centered around the notion of encouraging the sustainable and safe usage of a vital, nonrenewable resource in communities of greater need. As an agenda that I have not only acquired academic experience, but one that I feel passionately about, AmeriCorps offers to me a remarkable experience."

18. Unique Successes or Great Stories

While we anticipate many such experiences, and while such have occurred in the subsequent months following the initial quarter, our goal during this beginning period was to get all fifteen members on board across the state of Idaho. Each needed to become familiar with the Natural Resources Conservation Service, as well as the federal structure which supports each agency. It was also crucial for each member to integrate into their soil conservation district office, and perhaps even more importantly, to develop a strong, working relationship with their respective supervisors.

This process passed along even more fluidly than expected, with each AmeriCorps member settling in well in their new surroundings. While it was suggested that members begin the process of getting the word out, the actual action by those fifteen individuals was incredible. During the brief start of their service term, the AmeriCorps members established a strong foundation both in their offices and in the communities that they will dedicate their time and energy in serving through their term of service.

19. Difficulties Faced by the Program

There have been no problems to date.

20. National Identity Activities.

The AmeriCorps training program, which took place in the second quarter, will be addressed in the appropriate report.

21. Organization Changes.

To date, there have been no organizational and/or structure changes.

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.

IL

Divider Title: _____



United States
Department of
Agriculture

Rural Development

Illini Plaza, Suite 103
1817 South Neil Street
Champaign, IL 61820
(217) 398-5412
FAX: 217-398-5337
TTY: 217-398-5396

September 5, 1996

SUBJECT: End of Term Service Form

TO: Joel Berg
Ag Box 1301
Room 538A
14th & Independence S.W.
Washington, D.C. 20250

This is in response to your letter dated August 27, 1996.

All of the work accomplished for Americorps in Illinois administered by Rural Development was in the 12th Congressional District.

A copy of the End of Term form was sent to you previously.

The projects that were completed consisted of youth volunteering for tutoring grade school children, planting more than 60 trees and cleaned up streets in the community. Students were tutored at the Adult Education Center by the Americorps employee.

The first quarter hours were 435, second quarter 520 hours.

If you have questions or need more information contact Charles W. Specht at 217-398-5412 ext. 244.

A copy of the report previously submitted is enclosed.

CHARLES W. SPECHT
Loan Specialist

Enclosures



UNITED
STATES
DEPARTMENT
OF AGRICULTURE

August 27, 1996

TO: Charles Specht, AmeriCorps Project Director, RD, Illinois

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
R17A	2	2	GREAT JOB!!			

3. **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.

4. **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

We have the enrollment form for your member; however, we are missing the 1st and 2nd quarter hours. Please submit them with the fourth quarter report.

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:

Dave Gibson, AmeriCorps Program Manager, RD

State: IL

OP SITE: R17A

8/27/96
2:11 pm

USDA AMERICORPS - 95ADFC047XXXX

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	FIRST 3 QTR's Quantity	PERCENT COMPLETE
IL	R17A	1	EN-R035A	Recruit, train and coordinate youth volunteers	50	volunteers	125	250.00 %
IL	R17A	1	EN-R039A	One- on- one tutoring adult students	45	students - tutored	51	113.33 %



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: Illinois

Agency: ARS ☐ NRCS ☐ Forest Service ☐ RECD ☒ FSA ☐ FCS ☐

SECTION II - STATE CONTACT INFORMATION:

(Make Corrections if Necessary)

4. Contact Name: _____

Charles Specht
RECD State Office
1817 S. Neil Street, Ste 103
Champaign IL 61820

Last

5. Title: _____

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

City

State

Zip

Telephone number: 217-398-5412 Ext 244

8. Fax number: 217-398-5337

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

2/05/96

10. MEMBER :

OP SITE ID: R17A

Site Supervisor: Larry White

PHONE: 618-734-1840

STATE:

Agency/Org Name: City of Cairo

FAX: 6187349346

City: Cairo , IL

No. of Members Allocated by USDA: 1

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

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: 2

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

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

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

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

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

1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
<u>42</u>	<u>50</u>	<u>45</u>	<u>30</u>	<u>167</u>

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

1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
<u>101</u>	<u>234</u>	<u>236</u>	<u>209</u>	<u>780</u>

SECTION IV - PROGRESS TOWARDS ACCOMPLISHING SERVICE OBJECTIVES:

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

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

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

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

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

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

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

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

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

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

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

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

2/05/96

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	4TH 1st QTR Success Quantity	Year's Success Target	Success Unit of Measure	4TH 1st QTR Success
IL	R17A	1	R039	One- on- one tutoring adult students	45	students	Not applicable during summer months		% of students with increased knowledge	
IL	R17A	1	R024	Recruit, train and coordinate youth volunteers	50	volunteers	30 youth participants	4800 youth com. service hrs. 4th QTR=1200 youth com. service hrs.	number of people/things aided by services	209 youth service hrs. (17%) 30 children aided

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.

Youth and adults will continue to tutor young children and involve their parents.

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.

Lorraine is going to Southern Illinois University in Carbondale to complete her bachelor's degree. She is also planning to continue working with families in the Elmwood public housing complex and the community.

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.

Lorraine organized a story telling hour for children aged 3 to 13 who participated in the summer lunch program at the Elmwood public housing project. She supervised youth and adult volunteers who read to 10-20 children each day. Lorraine also paired 10 older youth with 10 younger children to do one on one tutoring in the evenings.

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.

Sometimes it was hard to recruit children for certain activities due to lack of transportation.

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.

None

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.

None

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.

None

{END OF REPORT}



USDA State Progress Report (CNS Grant No. 95ADFD047)

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

2. State: Illinois

3. **Agency:** ARS ☐ NRCS ☐ Forest Service ☐ ~~RECD~~ ☒ FSA ☐ FCS ☐

(Make Corrections if Necessary)

4. **Contact Name:** Charles Specht Last
RECD State Office
1817 S. Neil St., Suite 103
Champaign, IL 61820

5. Title: _____

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

City

State

Zip

7. Telephone number: 217-398-5412

8. Fax number: 217-398-5337

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

no 2nd —
or 3 QTR
house ?

no second or 3rd Qtr
house
—

6/04/96

10. MEMBER DATA:

OP SITE ID: R17A

Site Supervisor: Larry White

PHONE: 618-734-1840

STATE: IL

Agency/Org Name: City of Cairo

FAX: 6187349346

City: Cairo, IL

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	1st Rpt	HOURS				Total
						2nd Rpt	3rd Rpt	4th Rpt		
JOHNSON, LORRAINE	(b)(6)	F	A	A	435					435
Total Hours:										435

* 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!!!

RECEIVED

01 1996

STATE OFFICE
ILLINOIS

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
42	50	45 (24) ?		

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
101	234	236		

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"

2/05/96

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

State	OP Site	Obj	PGM	Obj/Impact Statement	Year's		Year's		1 st QTR	Success	1 st QTR
		No.	Code		QTY	Unit of Measure	1 st QTR	Success			
					Target		Quantity	Target			Success
IL	R17A	1	R039	One- on- one tutoring adult students	45	students	4	2+ yr. gain on TABE test (3rd QTR = 0.5 yr. gain on TABE)	% of students with increased knowledge	100% success for quarter in increased learning	
IL	R17A	1	R024	Recruit, train and coordinate youth volunteers	50	volunteers	45 youth participants on 8 com. service projects	4800 youth com. service hrs. (3rd QTR = 1200 youth com. service hrs.)	number of people/things aided by services	236 youth com. service hrs. (20 %) 700 people aided	

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.

R17A: Forty-five youth volunteers (twenty-four different youths) have planned or participated in community service projects during April, May and June. Youths gave a total of 236 service hours to the community.

In April, 7 youths helped with the Elmwood (Public Housing) Tenant Council Easter Egg Hunt. Youth helped set up tables, hid eggs and supervised younger children. Each gave 4 hours of their time for 28 hours of service.

In April, four youth helped sort and package donated seeds for distribution to community members. Each worked 2 hours for a total of 8 service hours. Lorraine wrote a grant and received the seeds from the America The Beautiful Fund.

Two youths volunteered to tutor children from Emerson Elementary School four hours per week during April and May for a total of 64 service hours.

In May, 11 youths assisted with a "fun day" sponsored by the Elmwood Tenant Council. Youths helped set up, play and supervise games with younger children and their parents. Each youth volunteered six hours for a total of 66 service hours.

In May, seven youths volunteered to help and to supervise younger children in a clean-up day at the Elmwood Public Housing Project. Each youth gave two hours of volunteer service for a total of 14 hours.

In May, four youth helped pass out notes twice to elderly residents of public housing offering assistance. Each youth gave two hours of time for a total of 8 hours of service.

In June, six children volunteered three hours twice a month to supervise younger children on a swimming trip to a neighboring town. A total of 36 service hours were donated.

In June, four children supervised younger children for three hours at a movie shown at the Elmwood Tenant Council Building. A total of 12 service hours were given.

17A: Four adults have been tutored at the Vocational Center this quarter. Pre/post TABE tests were completed on all participants. Of the four adults who took pre/post TABE tests, three gained one year in their reading skill level and one student gained 4.5 years in reading skill level. One student gained a year in math skill level.

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.

Youth are trying to become involved with the senior citizens of the community by offering to assist with free activities at the senior citizen public housing project.

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.

Lorraine is learning how to bring youth and senior citizens together to better communicate with one another and to work together as a team.

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.

Lorraine has been tutoring an older woman for the past school year. The woman showed a 4.4 year gain in her reading ability on the TABE when tested recently. The woman will now be able to take typing when school resumes in the fall.

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.

It has proven easier for youth to volunteer during the summer than it was during the school year. However, transportation of youth continues to be a problem and Lorraine has had to use her personal vehicle to transport youth to and from some activities. The families of many of the low-income youth with whom Lorraine works do not have cars.

Although it appears that the city-owned bus may now be operable, there is only one city employee qualified to drive the bus in addition to his regular responsibilities as a juvenile officer. We are exploring whether he may be willing to drive for specific AmeriCorps sponsored activities. The City's financial condition does not allow hiring a bus.

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.

None

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.

Lorraine feels she would like to have more communication with her state supervisor.

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.

None

{END OF REPORT}

AmeriCorps *USA

USDA State Progress Report (CNS Grant No. 95ADFD047)

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

SECTION I - STATE INFORMATION

2. State: Illinois

3. Agency: ARS ☐ NRCS ☐ Forest Service ☐ RECD ☐ FSA ☐ FCS ☐

SECTION II - STATE CONTACT INFORMATION:

(Make Corrections if Necessary)

4. **Contact Name:** _____ Charles Specht _____
RECD State Office
1817 S. Neil Street, Ste 103
5. **Title:** Champaign IL 61820

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

Zip

7. Telephone number: 217-398-5412

8. Fax number: 217-398-5337

9. E-Mail Address (if any) : n/r

3/14/96

10. MEMBER DATA:

OP SITE ID: R17A Site Supervisor: Larry White PHONE: 618-734-1840
STATE: Agency/Org Name: City of Cairo FAX: 6187349346
City: Cairo , IL

No. of Members Allocated by USDA: 1

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

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 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
_____	30	_____	_____	_____

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
_____	1200	_____	_____	_____

SECTION IV - PROGRESS TOWARDS ACCOMPLISHING SERVICE OBJECTIVES:

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

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

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

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

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

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

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

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

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

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

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

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

3/14/96

QUESTION 13. PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

As you are aware, one of the key pieces of information you are to provide with this 2nd QTR progress report is whether or not you intend to renew this site for the next program year beginning approximately Sept/Oct 1996. If you intend to renew this site for the next program year, indicate whether the objectives listed below will remain the same for the next year's program. If they will remain the same write OK next to them, if one will 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		2 nd QTR Success		2 nd QTR Success	
					Target	QTY Unit of Measure	Quantity	Target	Success Unit of Measure	Success
IL	R17A	1	EN-R039	One- on- one tutoring adult students	45	students	25	100%*	% of students with increased knowledge	100%
IL	R17A	1	EN-R024	Recruit, train and coordinate youth volunteers	50	volunteers	30	1200 hours (2 nd quarter)	number of people/things aided by services	840 people aided

* 2+ year gain on TABE test
(2nd quarter, 5yr gain on TABE)

- 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.

R17A: Fifty children have been recruited for volunteer community projects. Thirty youth have planned or participated in 3 community projects: tutoring for approximately 35-40 grade school children and planting more than 60 trees in Box Field and St. Mary's Parks which are used by the entire community. Youth have also cleaned up Martin Luther King Jr. Avenue with the NAACP and cleaned other streets within the community. Approximately 40 men and women in the community who are not AmeriCorps members have assisted.

R17A: Twenty five students have been tutored at the Adult Education Center. Pre/Post TABE tests have not been completed on all participants.

- 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.

Youth are continuing to gain experience in identifying community needs and planning projects to address these needs. This helps bring together youth from different cultural backgrounds into a safe environment, without the worry of being looked at individually.

- 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.

Lorraine feels that working with AmeriCorps has provided her the opportunity to get involved in things that affect her community. She plans to get a degree in community development. She feels that in doing this, she will be able to link up better with her community.

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.

One woman that Lorraine was working with last quarter is still improving her reading skills. She has purchased a typewriter and is typing for her church and herself.

Lorraine is also working with a woman who is starting from the beginning in basic reading and feels that this woman is doing very well.

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.

Weather is changing and school activities are getting slow, so now there is more time for youths to get involved with more projects. Since the last report, Lorraine has started spending the evening working out of the public housing Elmwood Tenant Council Building. There she is able to get out among the tenants and the setting provides her with the opportunity to be available to other people within the community.

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.

Lorraine attended a week of training in Community Development sponsored by AmeriCorps and held in Jackson, Mississippi.

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.

Lorraine would like to be considered for a second-year position with AmeriCorps so that she may complete the projects that she is now working on.

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

SECTION I - STATE INFORMATION

2. State: ILLINOIS

3. Agency: ARS ☐ NRCS ☐ Forest Service ☐ RECD ☒ FSA ☐ FCS ☐

SECTION II - STATE CONTACT INFORMATION:

(Make Corrections if Necessary)

4. Contact Name: _____

Charles Specht
RECD State Office
1817 S. Neil Street, Ste 103
Champaign IL 61820

Last

5. Title: _____

6. Address: _____

street, number, and PO (if applicable)

City

State

Zip

7. Telephone number: 217-398-5412 ext 244

8. Fax number: 217-398-5337

9. E-Mail Address (if any): N/A

2/05/96

10. MEMBER DATA:

OP SITE ID: R17A

Site Supervisor: Larry White

PHONE: 618-734-1840

Agency/Org Name: City of Cairo

FAX: 6187349346

STATE: ILLINOIS

City: Cairo, IL

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
Lorraine Johnson		FullTime	Active ?		435				435 Hours

No. of Members Allocated by USDA: 1

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

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

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

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

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

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
50				

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
1200 est.				

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"

2/05/96

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's		1 st QTR Quantity	Year's		1 st QTR Success
					QTY Target	QTY Unit of Measure		Success Target	Success Unit of Measure	
IL	R17A	1	R039	One- on- one tutoring adult students	45	students	24 22		% of students with increased knowledge	
IL	R17A	1	R024	Recruit, train and coordinate youth volunteers	50	volunteers	50		number of people/things aided by services	

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

[illegible]

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.

N/A

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.

N/A

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.

N/A

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.

An article appeared in the newspaper about the program. A copy will be forwarded when it is available.

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.

None

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.

N/A

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.

N/A

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.

N/A

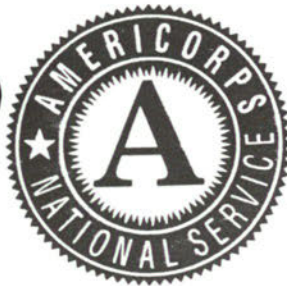
{END OF REPORT}

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.

Divider Title: _____



UNITED
STATES
DEPARTMENT
OF AGRICULTURE

August 27, 1996

TO: Lue Walters, AmeriCorps Project Director, NRCS, Illinois

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
X17A	16	5	1	7	2	1
X17B	10	4	1	2	3	
Y17C	7		1	2	4	

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

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

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

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

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

Member Forms

Below is a list of members who have apparently left the program but this office has not received their forms. Please send either the forms or copies of these forms to this office.

<u>NAME</u>	<u>TYPE OF FORM</u>
Yolanda Edwards	End of Term of Service Form
Kimberly Bailey	End of Term of Service Form
Paul Allen	End of Term of Service Form
Wesley Harris	End of Term of Service Form
Charles Hunt	End of Term of Service Form
Gerald Jenkins	End of Term of Service Form
Eltheda Johnson	End of Term of Service Form
Michael Smith	End of Term of Service Form
Tangela White	End of Term of Service Form

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 - 95ADFD047XXXX

8/27/96
2:11 pm

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	FIRST 3 QTR's Quantity	PERCENT COMPLETE
IL	X17A	6	EN-E004B	Remove debris from vacant lots and public spaces	20	lots - cleaned	11	55.00 %
IL	X17A		EN-E005A	Create new urban gardens	5	acres	3	60.00 %
IL	X17A	4	EN-E012A	Provide conservatiao education to primary and secondary students	5000	students - educated	8905	178.10 %
IL	X17A	2	EN-E012B	Conduct workshops	5	presentations - educational	5	100.00 %
IL	X17A	7	EN-E013A	Provide students with one-on-one conservation tutoring and mentoring	1500	students - tutored	1800	120.00 %
IL	X17A	5	EN-E014A	Conduct environmental outdoor classes	5000	students - participate in environthon	4173	83.46 %
IL	X17A	3	EN-E039B	Establish an In-City plant materials center	1000	plants - developed	0	0.00 %
IL	X17A	10	EN-E052A	Existing public playgrounds rehabilitataed, repairaed or maintaired	12	playgrounds	14	116.67 %
IL	X17A		EN-E096A	Existing wetlands aided	10	acres	6	60.00 %
IL	X17A	8	EN-E124A	Removal of invasive plants from collection	22	acres - cleared	16	72.73 %
IL	X17A	9	EN-E125A	Landscape architectral materials developed for presentations	60	requests for material	34	56.67 %
IL	X17A	1	EN-E128A	Inventory conducted of community environmental resources	100	leaders - received material	118	118.00 %
IL	X17A		EN-H009A	Food rescue program expanded		# of lbs of food rescued	400	0.00 %
IL	X17A		EN-H033	Food sorted at pantry	40000	lbs food sorted	10000	25.00 %
IL	X17A		EN-H036A	Soup kitchens and pantries rehabilitated	3	# of sites rehabilitated	2	66.67 %
IL	X17A	11	EN-R038A	After school program, activities, and events created for children and parents	300	people	330	110.00 %

USDA AMERICORPS - 95ADPDC047XXXX

8/27/96

FIRST THREE QUARTERS' PROGRESS TOWARDS ACCOMPLISHING 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
IL	X17B	1	EN-E004B	Restore abandoned lots	10	lots - cleaned	6	60.00 %
IL	X17B	2	EN-E012A	Enviornmental education	115	students - educated	1525	1326.09 %
IL	X17B		EN-E026A	Flood damaged homes cleaned	10	homes - cleaned	10	100.00 %
IL	X17B	4	EN-E072A	Tree planting	1300	trees - planted	500	38.46 %
IL	X17B		EN-E075	Tree city designation	5	# of arbor day celebrations	7	140.00 %
IL	X17B	3	EN-E089	Restore city parks	3	parks - restored	1	33.33 %
IL	X17B		EN-E121C	Clean up litter	8	sites - cleaned	5	62.50 %
IL	X17B		EN-H032	Meals prepared & served at soup kitchen	1200	meals - served	1800	150.00 %
IL	X17B		EN-H033	Food sorted at pantry	2000	lbs food sorted	4000	200.00 %
IL	X17B		EN-H034	Food collected in food drive	1000	lbs food collected	400	40.00 %



UNITED
STATES
DEPARTMENT
OF AGRICULTURE

AmeriCorps *USA

USDA State Progress Report (CNS Grant No. 95ADFD047)

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: Illinois

3. Agency: ARS ☐ NRCS ☒ Forest Service ☐ RECD ☐ FSA ☐ FCS ☐

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

4. Contact Name: Lue
~~Lou Walters~~ Lue Walters Last
~~1902 Fox Drive~~ 402 N. Kays Dr.
~~Champaign, IL 61820~~ Normal, IL
61761

5. Title: _____

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

City State Zip

7. Telephone number: 309-452-0830

8. Fax number: 309-452-6642

9. E-Mail Address (if any): ~~atlas~~ atlas!bloom!law

X17A

Members Names	SSN	SER STAT	PGM STAT	TRT STAT	1ST RPT	2ND RPT	3RD RPT	4TH RPT	TOTAL
Miller, Aundre L.	(b)(6)	F	C	A	456	487	434	498	1875
Parrish, Angela M.		F	E	C	0	332	310	380	1022
Patel, Shital S.		F	E	C	0	383	482	146	1011
Smith, Marketia G.		F	E	C	289	434	0	0	723
Stogner, April L.		F	C	A	479	395	361	577	1812
Warr, Marshall G.		F	E	C	152	0	0	0	152
Williams, Kirkland L.		F	E	C	330	345	0	0	675
Williams, Vicki L.		F	E	C	0	273	363	520	1156
Witherspoon, Lena M.		F	C	A	605	525	588	238	1956
Quarter Totals					4212	7372	7017	6839	25,442

No. of members allocated by USDA

20

20

20

20

No. of members whose enrollment forms were recieved at USDA

17

20

18

20

No. of members whose forms have not been recieved at USDA

3

0

0

0

Enter the no. of vacancies you intend to fill in the next reporting period

3

0

0

0

Enter the no. Of vacancies you intend to relinquish for the program next year

0

0

0

0

No. of members allocated by USDA: 20

Members Names	SSN	SER STAT	PGM STAT	TRT STAT	1ST RPT	2ND RPT	3RD RPT	4TH RPT	TOTAL
Adams, Janice A.	(b)(6)	F	C	A	184	536	410	690	1820
Allen, Paul T.		P	C	A	0	0	326	665	991
Baillew, Akeya R.		F	E	C	0	239	0	0	239
Bausley, Sammy L.		F	E	C	248	333	327	147	1055
Bowen, George		P	C	A	0	314	417	199	930
Bloom, Sharon		F	E	C	32	0	0	0	32
Buckner, Regina V.		F	C	A	269	498	565	602	1934
Borroughs, Lucinda A.		F	C	A	63	360	436	953	1812
Eagan, Michael C.		F	E	C	393	476	404	39	1312
Flores, Cecilio		P	E	C	0	0	236	16	252
Jackson, Jackie L.		F	E	C	311	502	409	262	1484
Johnson, Nancy Y.		F	E	C	54	481	327	72	934
Juarez, Frank		P	E	C	0	0	208	209	417
Katoll, Glen E.		F	E	C	0	36	0	0	36
McCrary, Ronald		F	C	A	347	423	416	626	1812

10. MEMBER DATA:

OP SITE ID: X17B

Site Supervisor: Florine Johnson
Agency/Org Name: NRCS
City: East St. Louis, IL

PHONE: 618-271-9540
FAX: 618-271-9737

STATE: IL

No. of Members Allocated by USDA: 14

Member Name	SSN	HOURS								Total
		SER STAT	PGM STAT	TET STAT	1st Rpt	2nd Rpt	3rd Rpt	4th Rpt		
BAILEY, KIMBERLY A.	(b)(6)	P	A	A	-	192	396	312		900
DENSMORE, HUGH A.		P	A	A		-0-	278	543		821
EDWARDS, YOLANDA R.		P	A	A		218	440	242		900
ESTES, RICKY E.		P	A	A	0	208	451	241		900
HARRIS, WESLEY A.		P	A	A	0	64	430	406		900
HOWARD, KERRY L.		P	A	A	0	208	452	240		900
HUNT, CHARLES C.		P	A	A	0	78	412	410		900
JENKINS, GERALD H.		P	A	A	0	77	440	383		900
JOHNSON, ELTHEDA E.		P	A	A	0	69	368	463		900
ORR, DERRICK T.		P	A	A	0	66	379	-0-		445
SMITH, MICHEAL L.		P	A	A	0	96	293	509		900
STEWART, JEFFERY P.		P	A	A	0	216	368	316		900
ROBERSON, RAMON T.		P	A	A	0	80	446	-0-		526
ROBINSON, DAVID L.		P	A	A	0	143	-0-	-0-		143
WHITE, TANGELA V.		P	A	A	0	68	440	392		900

6/04/96

10. MEMBER DATA:

Report 9/27/96

OP SITE ID: X17C

Site Supervisor: William McCartney

PHONE: 217-285-4114

STATE: IL

Agency/Org Name: NRCS

FAX: 2172855121

City: Pittsfield, IL

No. of Members Allocated by USDA: 5

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
BIGSBY, DOUG	E.	P	A	A			151	0	151
BRATSCH, LEAH	C.	F	E	C	248.5	432	148.5	0	829
ELLEDGE, RACHEL	A.	F	C	B	280	354	0	0	664
GRESS, JOANN	E.	F	A	A	280	570	480	532	1812
SKELTON, MICHAEL	A.	F	A	A	280	444	419	100*	1263
SMOTHERS, GARY	L.	F	A	A	280	354	441	150**	1225
Total Hours:									5

* 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!!!

* Terminated 8/3/96 due to health reasons.

** Terminated 8/3/96 - Left for a higher paying job.

SEP-96

SEP 24 1996

09-23-1996 11:18AM FROM USDA/NRCS RPT

10

82172855121 P.02

6/04/96

10. MEMBER DATA:

OP SITE ID: Y17C

Site Supervisor: William McCartney

STATE: IL

Agency/Org Name: NRCS
City: Pittsfield, IL

Report 9/27/96
PHONE: 217-285-4114
FAX: 217-285-5121

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
RUBLE, SUSAN	E. (b)(6)	F	A	A	280	500	448	542	1770

Total Hours:

* 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 JEOPARDISED!!!

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
			491	
			(388 + 3)	
			A - B	

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
			835	
			(775 + 60)	
			A - B	

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"

Op. Sites
X17A
X17B
X17C

13.

Progress Towards Accomplishing Original Community Service Objectives

State	Op Site	Obj Code	Pgm Code	Obj/Impact Statement	Yrs Qty Target	Qty Unit Measure	4th Qtr Qty	Yrs Success Target	Success Unit of Measure	4th Qtr Success
IL	X17A	1	E128	Develop an Inventory of Environmental Resources that are available to comm. Leaders	100	Number of Local Leaders	2	60	% Increase of awareness of leaders and groups	100%
IL	X17A	2	E017	Conduct conservational/envirn. Workshops for comm. Leaders	5	Number of adults educated	63	80	% of adults using conserv/envirn practice	95%
IL	X17A	3	E039	Established a in city plant materials center for ecological revitalization	1000	Number of plants grown	0	1000	Number of plants surviving	0
IL	X17A	4	E012	Provide conserv/environ national service	5000	Number of students educated	763	95	%of teachers expressing satisfaction with service	100%
IL	X17A	5	E014	Conserv/ecological and horticultural classes will be conducted in th city	5000	Number of students participating	1100	95	%of teachers expressing satisfaction with service	99%
IL	X17A	6	E004	Remove debri from vacant lots and public spaces	20	Number of properties were cleaned up	12	200	Number of volunteers recruited for project	280
IL	X17A	7	E013	Provide Students with one on one tutoring and mentoring	1500	Number of students educated	405	95	% of teachers expressing satisfaction with service	99%
IL	X17A	8	E124	Removal of inasive plants in collection	22	Number of acres cleared	19	95	%of work meeting professional standards	95%
IL	X17A	9	E125	Landscape architec. materials developed for presentation	50	Number of request for materials	30	75	% of presentation that resulted in plans	100%
IL	X17A	10	E052	Exsisting public playgrounds rehabbed or repaired	12	Number of playgrounds	2	80	% of sites meeting professional standards	100%
IL	X17A	11	E038	After school programs, activities and events for kids/ adults	300	Number of children/parents utilizing program	424	65	% of increase of test in schools	100%
IL	X17A	12	E005	Create new Urban gardens	5	Number of acres	5	500	No. of vol. for garden	250

[illegible]

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

State	OP Site	Obj	PGM	Obj/Impact Statement	Year's QTY	QTY	Unit of Measure	4th QTR	Year's Success	Success	4th QTR
.....		No.	Code		Target			Quantity	Target		Success
IL	x17b	1	E075	Tree City Designations	5		Number of Arbor Day Celebrations	7	5		Number of Arbor Day Celebration 7 ✓
IL	x17b	4	E004	Crime Prevention through Environmental Control	8		Number of areas cleared	9	8		Number of hazardous area cleared 9
IL	X17B	3	E012	Environmental education	90		Students	1500	90		5% of students with increase knowledge 1500 ✓
IL	* X17B	2	E072	Tree Planting	1300		Trees	1300	1300		% of trees that survive after set time 1300 ✓

* NOTE: NO PROGRESS TO REPORT FOR 1ST QUARTER - PROJECT DID NOT START UNTIL 2-7-96 (EAST ST. LOUIS X17B)

* HAVE NOT STARTED BECAUSE OF WEATHER CONDITION AND WAITING ON TREES TO ARRIVE

9/27/96
Y17C

04/96

QUESTION 13. PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES
(Under "3rd QTR Quantity" enter the amount of work done in the third quarter. Do the same for "3rd QTR Success".)

OP	Obj	PGM	Year's		Year's		Year's		Year's	
Site	No.	Code	Obj/Impact Statement	QTY	Unit of Measure	3 rd QTR Quantity	Success Target	Success Unit of Measure	3 rd QTR Success	Success
Y17C	1	EN-E078A	Construct trails	20	miles - trails created	11	100	% of trails meeting professional standards	14	✓
Y17C	1	EN-E050A	Improve recreational facilities on 200 acres of land	200	acres - recreational improvements	200	90	% of work meeting professional standards	200	✓
Y17C	2	EN-E047A	Improve buildings and sites	30	structures - improved	13	90	% of work meeting professional standards	30	✓
Y17C	3	EN-E059A	Stabilize streams & roadbanks	10	miles - streambank stabilized	0	60	% reduction in erosion	1	✓
Y17C	4	EN-E121C	Clean illegal dump	1	sites - cleaned	0	100	% meeting standards	1	✓
Y17C	5	EN-E004A	Debris removed	5	acres - cleaned	0	100	% meeting standards	2	✓
Y17C	6	EN-E070A	Timber stand improvement	5	acres - improved	0	100	% meeting standards	2	✓

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

[illegible]

15. Community Service Objectives Narrative:

IL. X17A 1 E128 - Develop an inventory of environmental resources that are available to community leaders. Our successful endeavors with the directory of "green pages" has prompted the making of an informational directory by NRCS and other agencies in Illinois which will outline the various service that each agency performs. We will be assisting the Urban and Community Assistance Chicago Metro Office with distribution.

IL. X17A 3 E039 - Establish an in city plant materials center for ecological revitalization. Unfortunately due to the increase of requests The Chicago Environmental Action Team did not receive a 1996 tree allocation. We have applied for a 1997 tree allocation that is scheduled to be delivered in April. If for some unexpected reason we do not receive trees from The National Tree Trust in April. We will purchase some seedlings in order to establish the plant materials center.

IL. X17A 11 R038 - After school programs, activities and events for children / adults, a large number of children in Illinois attend neighborhood camps during the summer, while their parents work to maintain the family. These circumstances provided us with an opportunity to succeed our goals and expand the summer programs without any additional expenditures.

IL. X17A 14 H009 - Food rescue program expanded. Since the Democratic National Convention was held in Chicago, we expected to triple our food rescue objectives. With the aid of the National Office we scheduled pick-ups for every event. However everyone experienced a reality check when the number of invited guest exceeded all expectations and our rescue efforts did not yield the enormous quantities of food imagined.

16. Community Building Objective Narrative:

The Chicago Environmental Action Team is extremely fortunate to have our own transportation. Mobility has made it possible for us to interface with others on their domain. Experiencing hardships and success with individuals ethnically, culturally, and economically different, who are united with vested interests in a common goal. We have had several such experiences with our partners such as; The Cook County Forest Preserve, Madden Park, Chicago Park District, Master Gardeners, Fellowship House, The Nature Conservancy, and the Chicago Academy of Sciences. We have established a reputation for "Getting Things Done". We have assisted every individual, group, Organization, and agency that has requested our assistance. Often, I have found that our presence has provided our partners with additional motivation and incentive. When their enthusiasm has dwindled and they have accomplished all that they can with the resources they have. We appear as a rescue team.

17. Americorps Members Development Objective Narrative:

Education

- Aundre Miller, will receive his GED before his term of service ends.
- Jackie Jackson, is expected to obtain his high school diploma.
- Lena Witherspoon is attending college in pursuit of a Mortuary Science degree.
- Shital Patel, is attending PENN State.
- April Stogner, Is planning to enroll in school to become a courtroom reporter(Stenographer).
- Janice Adams, is currently taking several college prerequisite classes so that she can complete her college education.

Through personal responsibility I have demonstrated concern regarding our members well being. In return they have shared the responsibilities with me during the past three years. Everyone shares in day to day operations of our team. Some have an intensive role, while others are more supportive. No ones position is etched in stone so that everyone has an opportunity to find a nitch for themselves. All liaisons volunteer for their position. I act as mediator if there is trouble and a mentor when needed.

The Chicago Environmental Action Team is fortunate to have Aundre, Lena, And April who are completing their second term. These members collectively have more knowledge than I do regarding day to day operations. Shital, Regina, Lucinda, and Ronald have displayed an impressive combination of knowledge, skills, and abilities. From April to August I've only spent one hour a day with the members, because I was the acting Urban Resources Partnership Coordinator and Americorps Program Coordinator. Not only did members successfully implement our team goals and objectives; April, Angie, and Lucinda assisted me with many Urban Resources Partnership concerns, also George, Jackie, Michael, and Ronald packed boxes and moved the URP office to the EPA building after fulfilling their other obligations. I know that the Chicago Environmental Action Team has dedicated themselves to the National Service Initiative with determination.

18.Unique Success Stories:

While watching a down link satellite presentation on Americorps, the USDA Chicago Environmental Action Team heard Secretary of Agriculture Dan Glickman speak about the Food Recovery / Gleaning Program.

I later discovered that NRCS did not have an active role in this facet of the Americorps program. The members and I discussed the aspects and decided to incorporate Food Recovery / Gleaning into our objectives. We contacted the Greater Chicago Food Depository and arranged for the members to assist them at their warehouse distribution center. Our members have provided the depository with 1520 hours of National Service.

We have a long standing relationship with God's Gang. Most of their members live in the Robert Taylor Housing Development. In the past we have taken these children out of their natural environment and provided them holsum recreational choices such as canoeing and kiaking. Therefore when Carolyn Thomas, asked us to rehab an apartment in the housing complex for "Mothers Cupboard" food pantry it was nothing new to us. We cleaned and removed debris, from the apartment plastered holes, laid tile, painted walls, repaired light fixtures, windows and assembled shelves for food storage. The Children of God's Gang worked

with us during all facets of the renovation. They also assisted with the day to day operations of food distribution.

Americorps Team members pick up food from the depository that we have sorted, packed, and delivered it to God's Gang at Mothers Cupboard. We then assist the children on Wednesday with distribution. For everyone involved this has been a win - win situation.

19. Difficulties faced by the program:

The Chicago Environmental Action Team has never turned down a request until this quarter. "Own your Own" contracted us to help rehab a building. We entered into a verbal agreement with them to remove debris from the 3 story building and paint several rooms. During this time we were asked to develop a plan of operations with each of our partners. So the Liaison Ronald asked them to write out their expectations and plan of work for us and they wouldn't. He scheduled several meetings with the coordinator and she wouldn't keep the appointments. Ronald then brought his concerns to me and I went to see the coordinator of "Own Your Own" during our meeting she expressed a great deal of discontentment with her Employers, working conditions, and lack of interest in the project. I discussed her lack of commitment, we then mutually agreed to resolve our partnership. She needed more than the Environmental Action Team had to give.

20. National Identity Activities:

There are 10 Americorps Organizations in Chicago. This quarter we have worked with the "Chicago Public Allies" on their Chicago River Project. We have a standing relationship with "I Have A Dream Foundation" and recently gave a joint presentation at the University of Illinois with "Illinois Area Health Education Centers Program" U.S. Health Department of Health and Human Services, and Health Resources Services. We also have assisted "Habitat For Humanity" with several of their uptown projects.

The city of Chicago Sponsors several groups and we have worked with the Nature Center providing elementary school children with environmental education. Our members also work with "Green Corps", Openlands Treekeepers, and Cooperative Extensions "Master Gardeners "Vacant Lot Renovation program.

USDA has 4 projects in Illinois and we have had the opportunity to work with "East St. Louis" and the "Illinois River Valley Project in Mason County. Rod Atterberry (FSA) and the Illinois River Valley members helped with the Democratic National Convention Food Recovery efforts.

21. Organizational Changes:

None at this time.

22. Organizational Improvements:

None at this time.

23. Primary Training and Technical Assistance needs:

None at this time.

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 accomplishments in matched to which site.

X17B

1. Worked with Habitat for Humanities in building four homes in East St. Louis.
2. Conducted flood survey with NRCS Watershed.
3. Help Harvesting Hope, Americorps Team in Havana, Illinois with their gleaming project.

16. **Community Building Objectives Narrative (optional):** Briefly describe how project 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.

X17B

NONE

17. **AmeriCorps Member Development Objectives Narrative (optional):** Briefly describe how the AmeriCorps Member 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. Related how AmeriCorps allowed Members to continue college or graduated school. Described how Members may have changed their ethic of work, citizens, or community volunteerism.

X17B

3 Participants left public assistance to join AmerCorps
2 members was able to go to college after earning scholarship
1 members recieved full-time employment because of his community service with AmeriCorps.

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 letter of support or thank you letters; "before and after" photographs, brochures, posters, and newsletters created by the project; and other types of creative documentation.

X/7B Our program highlights was helping creating a state of the art greenhouse in Hall's Park it measures 2520 square feet. The capacity of 5 to 10,000 plants. To take a giant erecta set and turn it into a beautiful working greenhouse was very rewarding for the AmeriCorps members.

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 not been resolved. Be sure to outline the steps taken and identify any resources needed to assist in resolving the problem.

None

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 Project, national telephone conference calls, use of the Internet to communicate with other sites, ect.

X17B teamed up with Harvesting Hope AmeriCorps in Havanna, Illinois with their gleaming project.

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.

NONE

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}

X17C

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.

NONE

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.

The AmeriCorps Team has extended the life of several public buildings in the Two Rivers area with their labor. They have provided a community service to these communities which has made the residents of these communities to take more pride in the area they live. Op. Site X17C

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.

The members have learned carpentry skills, communication skills and have changed their ethic of helping the limited resource community to improve their village

Op Site X17C

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.

None

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.

NONE

X17C

SECTION V - GENERAL INFORMATION

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.

The AmeriCorps team held end of service ceremony jointly with 2 other AmeriCorps site teams in Illinois.

OP SITE X17C

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

NONE other than I have only 2 team members remaining, one of them finished 9/25/96 and the last one would leave 10/7/96.

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.

NONE

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.

NONE

{END OF REPORT}

X17B



SECOND BAPTIST CHURCH

REV. SHARON R. SMITH
PASTOR
2570 WAVERLY AVE
East St. Louis IL. 62204

Telephone (618) 875-2427
Fax (618) 875-2438

July 23, 1996

To: Mrs. Florine Johnson c/o Americorp
Metropolitan Community College
601 James Thompson Blvd.
East St. Louis, IL. 62205

Dear Mrs. Johnson,

We, the Pastor and members of the Second Baptist Church of East St. Louis, would like to express our sincere thanks for all of the tedious tasks that were completed due to the efforts of the Americorp workers. The outside task of yard cleaning, mowing and trimming alone was more than our few members could handle. The inside task of bringing heavy furniture downstairs along with cleaning the furniture required an enormous work crew, and that is what your organization demonstrated to our Church. We are very grateful for the Americorp Program. We send our most gracious thanks to you Mrs. Johnson for supervising a job well done. If there is any way that our congregation could be of service to you or your workers please don't hesitate to notify us. Again, we send our sincerest thank you!

Gratefully submitted,

Rev. Sharon Smith
Rev. Sharon Smith, Pastor

X17B

UNITED STATES NATURAL RESOURCES Metro-East WS Planning
Office DEPARTMENT OF CONSERVATION 1102 Eastport
Plaza Dr.
AGRICULTURE SERVICE Collinsville, IL 62234

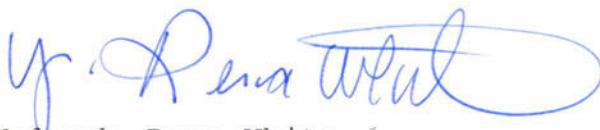
September 25, 1996

Y. Rena White, Agri. Economist
USDA, Natural Resources Conservation Service
1102 Eastport Plaza
Collinsville, Illinois 62234

Dear East St. Louis Americorps Members,

I would like to express my gratitude for your assistance in the completion of the economic surveys that was conducted during the summer of this year. The spirit in which you gave of your help clearly demonstrates your heartfelt caring for people and the environment. Because of your help, the timeframe for completion were within reasonable parameters.

Again, thank you for sharing your time, interest and enthusiasm.



Yolanda Rena White

cc: Dave Rahe
Florine Johnson
Lue Walters

X17B

**Habitat for
Humanity**



East St. Louis

Project H.O.P.E. 4700 State Street
East Saint Louis, Illinois 62205

618-875-0888
618-271-7979

September 25, 1996

Ms. Florene Johnson
East St. Louis-LoveJoy Ameri-Corp
601 Jr Thompson Blvd.
E. St. Louis, IL 62201

Dear Ms. Johnson:

On behalf of East St. Louis Habitat for Humanity, I am writing to express our utmost appreciation to you for the major contribution made by East St. Louis-LoveJoy Ameri-Corp during the 1996 Blitz Build.

During the Blitz Build, the East St. Louis-LoveJoy Ameri-Corp volunteers made a difference. They went beyond the call of duty. They performed such significant tasks as landscaping, cleaning up, security, framing, flooring, and painting. With their help, along with that of five hundred caring persons, four decent, affordable homes were built in twelve days. As you know, decent, affordable housing is an anchor that not only helps stabilize a community but provides a base from which to grow and prosper.

It is a source of gratitde and praise for us to know that other members of the community care and are willing to help in a generous fashion

God bless,

Buck Jones

(Rev.) Buck Jones

Attn: Ms. Florene Johnson

X17B



Alta Sita Neighbors, Inc.

3136 Virginia Place, E. St. Louis, IL 62207
(618) 274-0536



Upward and Onward

September 26, 1996

East St. Louis/Lovejoy AmeriCorps
601 J. R. Thompson Blvd,
East St. Louis, IL 62201
Attn: Florine Johnson

Dear Ms. Johnson:

Words can't express our gratitude for your organization's help. Our community has expressed their THANKS, for your valuable help assisting in clearing the lot, painting, and cutting the grass for our Alta Sita Neighbors Park. We look forward to working with you again. Please give our thanks to all of the hard working people that helped us. Our city is blessed to have AmeriCorps.

Thank You,

Helen Hudlin

Dr. Helen Hudlin

cc: Lue Walters

X17B

September 26, 1996

East St. Louis/Lovejoy AmeriCorps
601 J.R. Thompson Blvd,
East St. Louis, IL 62201
Attn: Florine Johnson

Dear Ms. Johnson

I want to thank you and the AmeriCorps workers for the wonderful job they did assisting in helping me and the East Saint Louis Park District with the URP project in building a greenhouse in Hall Park.

I want to commend your AmeriCorps workers on the fine work they have performed and the diligence with facing all the adversities such as 100 degree weather.

Thanks to the help of the AmeriCorps members the city of East Saint Louis and the entire Metro East area have a state of art greenhouse, with 2500 square feet and a capacity for 10,000 plants to be used to benefit the communities.

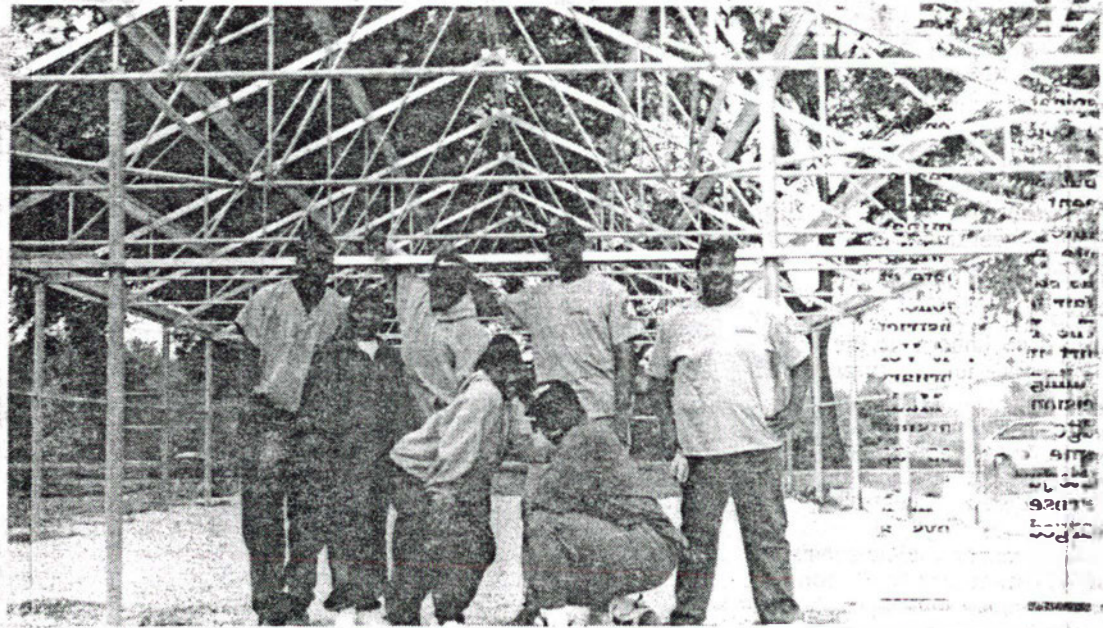
Again, thank you for the AmeriCorps members participation .

Sincerely,

A handwritten signature in blue ink, appearing to read "Don Wallace", written over a horizontal line.

Dr. Don Wallace

cc: Lue Walters, Asstistant State Conservationist



(Staff photo by MIKE VIOLA)

AmeriCorps is presently building a new greenhouse at Hall Park.

•Projects

(Continued from Page 1A)

AmeriCorps also worked with neighbors along Gray Boulevard on beautification projects to recapture the street's earlier days.

In the schools, AmeriCorps gave environmental seminars to over 1,500 children.

AmeriCorps also gave gardening workshops at State Community College and the Clyde Jordan Senior Citizen Center.

In addition to making

physical improvements to the community, AmeriCorps has also been involved in several food drives with agencies such as the Salvation Army and the Council Society of St. Vincent de Paul.

Besides the work on the greenhouse at Hall Park, Johnson listed five other projects that will be undertaken by AmeriCorps in the near future:

- * Assisting Wirth Middle School in Cahokia with

repairing a baseball diamond and starting a community garden.

- * Teaming with Operation New Spirit in cleaning/clearing debris filled lots.

- * Establishing a tree nursery next to the new greenhouse at Hall Park.

- * Restoring displays at the Katherine Dunham Museum.

- * Teaming with the St. Clair County Sheriff's Department to rid the city of hazardous overgrown shrubbery and weeds.

X17B

X17B

Opinion, Page 2A

at Busch Stadium plays
n over fun-loving fans.

Food, Page 1C



Venture

see the Venture circular in Today's Journal.

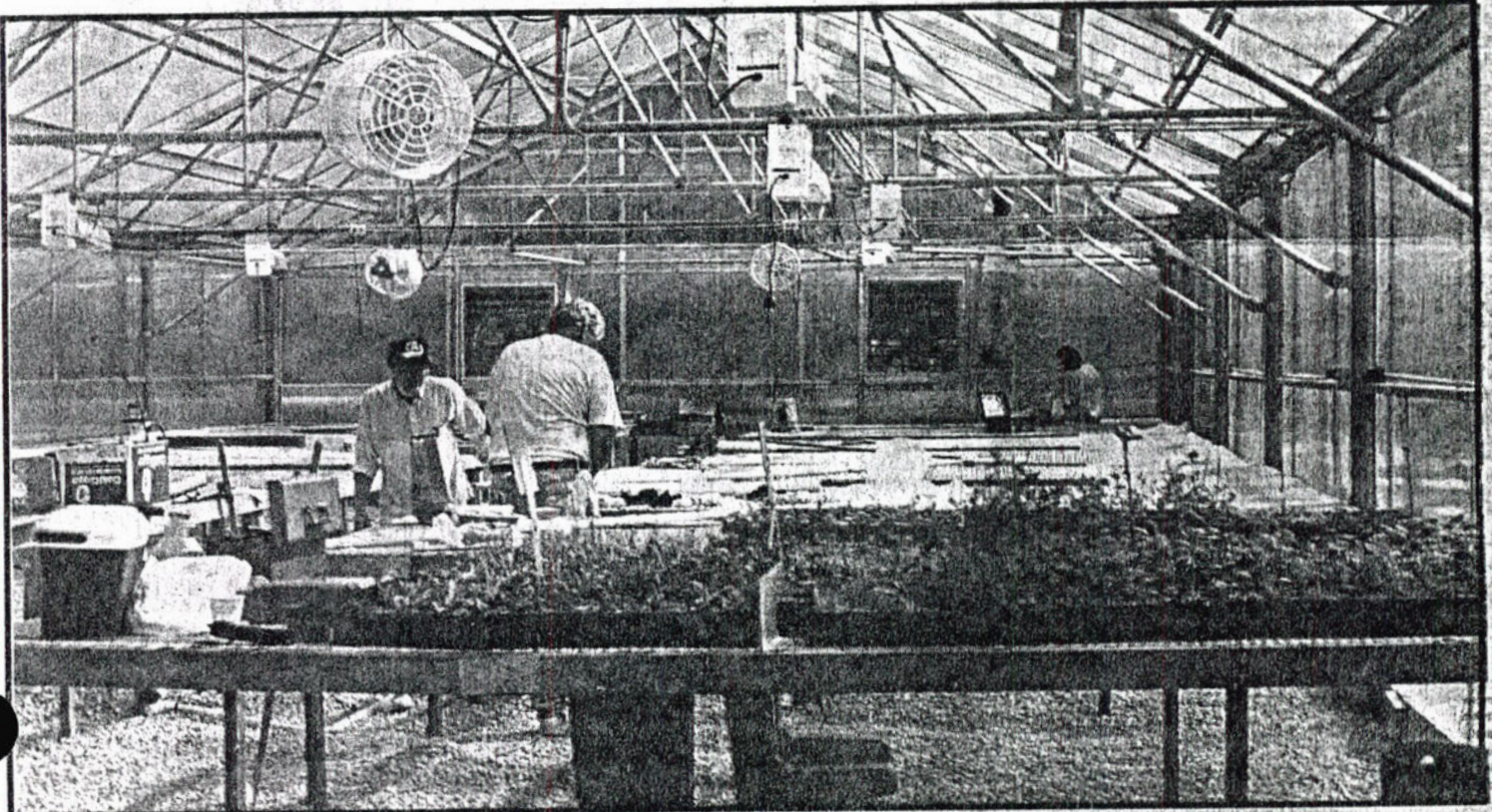
St. Louis Journal

NALS - #1 IN WEEKDAY READERSHIP WITH OVER 1.4 MILLION READERS

NTREVILLE • EAST ST. LOUIS • NATIONAL CITY • WASHINGTON PARK

WEDNESDAY, AUGUST 28, 1996

FIFTY CENTS



Don Wallace, left, and Charles Massie tend plants in a new greenhouse built at Hall Park with funds provided by the Urban Resources Partnership Program



News Democrat/Tim Vizer

LOOKING: With mums inside the new greenhouse were, from left, George Thomas, Don Wallace, Edith Moore-Stokes and John Korn.



UNITED
STATES
DEPARTMENT
OF AGRICULTURE

AmeriCorps *USA

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

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

SECTION I - STATE INFORMATION

2. State: Illinois

3. Agency: ARS ☐ NRCS ☒ Forest Service ☐ RECD ☐ FSA ☐ FCS ☐

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

4. Contact Name: Lue A. Walters
 USDA, Natural Resources Conservation
 Service
 402 North Kays Drive
 Normal, IL 61761
5. Title: Assistant State const
6. Address: Above
 street, number, and PO (if applicable)

 City State Zip

7. Telephone number: 309-452-2492
8. Fax number: 309-452-6642
9. E-Mail Address (if any): atlas!bloom!law

X17B

10. MEMBER DATA CON'T

No. of Members Allocated by USDA: 14

No. of Active Members Whose Enrollment Forms were received at USDA (not including terminations: 12

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

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

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

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

PLEASE REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED HERE AT USDA ARE NOT CONSIDERED OFFICIALLY ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARE, 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.

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

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

SECTION IV - PROGRESS TOWARDS ACCOMPLISHING SERVICE OBJECTIVES:

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

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

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

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

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

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

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

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

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

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

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

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

X17A

Members Names	SSN	SER STAT	PGM STAT	TRT STAT	1ST RPT	2ND RPT	3RD RPT	4TH RPT	TOTAL
Miller, Aundre L.	(b)(6)	F	C	A	456	487	434	498	1875
Parrish, Angela M.		F	E	C	0	332	310	380	1022
Patel, Shital S.		F	E	C	0	383	482	146	1011
Smith, Marketia G.		F	E	C	289	434	0	0	723
Stogner, April L.		F	C	A	479	395	361	577	1812
Warr, Marsball G.		F	E	C	152	0	0	0	152
Williams, kirkland L.		F	E	C	330	345	0	0	675
Williams, Vicki L.		F	E	C	0	273	363	520	1156
Witherspoon, Lena M.		F	C	A	605	525	588	238	1956
Quarter Totals					4212	7372	7017	6839	25,442

No. of members allocated by USDA

20

20

20

20

No. of members whose enrollment forms were recieved at USDA

17

20

18

20

No. of members whose forms have not been recieved at USDA

3

0

0

0

Enter the no. of vacancies you intend to fill in the next reporting period

3

0

0

0

Enter the no. Of vacancies you intend to relinquish for the program next year

0

0

0

0

Op Site ID: X17A Site Supervisor: Carzella C. Pritchett Phone (312)373-9956
 Agency/Org Name: NRCS Fax(312)373-9956
 State: IL. City: Chicago

No. of members allocated by USDA: 20

Members Names	SSN	SER STAT	PGM STAT	TRT STAT	1ST RPT	2ND RPT	3RD RPT	4TH RPT	TOTAL
Adams, Janice A.	(b)(6)	F	C	A	184	536	410	690	1820
Allen, Paul T.		P	C	A	0	0	326	665	991
Ballew, Akeya R.		F	E	C	0	239	0	0	239
Bausley, Sammy L.		F	E	C	248	333	327	147	1055
Bowen, George		P	C	A	0	314	417	199	930
Bloom, Sharon		F	E	C	32	0	0	0	32
Buckner, Regina V.		F	C	A	269	498	565	602	1934
Borroughs, Lucinda A.		F	C	A	63	360	436	953	1812
Eagan, Michael C.		F	E	C	393	476	404	39	1312
Flores, Cecilio		P	E	C	0	0	236	16	252
Jackson, Jackie L.		F	E	C	311	502	409	262	1484
Johnson, Nancy Y.		F	E	C	54	481	327	72	934
Juarez, Frank		P	E	C	0	0	208	209	417
Katoll, Glen E.		F	E	C	0	36	0	0	36
McCrary, Ronald		F	C	A	347	423	416	626	1812

13.

14. Progress Towards Accomplishing Original Community Service Objectives

State	Op Site	Obj Code	Pgm Code	Obj/Impact Statement	Yrs Qty Target	Qty Unit Measure	4th Qtr Qty	Yrs Success Target	Success Unit of Measure	4th Qtr Success
IL.	X17A	1	E128	Develop an Inventory of Environmental Resources that are available to comm. Leaders	100	Number of Local Leaders	2	60	% Increase of awareness of leaders and groups	100%
IL.	X17A	2	E017	Conduct conservational/envirn. Workshops for comm. Leaders	5	Number of adults educated	63	80	% of adults using conserv/envirn practice	95%
IL.	X17A	3	E039	Established a in city plant materials center for ecological revitalization	1000	Number of plants grown	0	1000	Number of plants surviving	0
IL.	X17A	4	E012	Provide conserv/environ national service	5000	Number of students educated	763	95	%of teachers expressing satisfaction with service	100%
IL.	X17A	5	E014	Conserv/ecological and horticultural classes will be conducted in th city	5000	Number of students participating	1100	95	%of teachers expressing satisfaction with service	99%
IL.	X17A	6	E004	Remove debri from vacant lots and public spaces	20	Number of properties were cleaned up	12	200	Number of volunteers recruited for project	280
IL.	X17A	7	E013	Provide Students with one on one tutoring and mentoring	1500	Number of students educated	405	95	% of teachers expressing satisfaction with service	99%
IL.	X17A	8	E124	Removal of inavasive plants in collection	22	Number of acres cleared	19	95	%of work meeting professional standards	95%
IL.	X17A	9	E125	Landscape architec. materials developed for presentation	50	Number of request for materials	30	75	% of presentation that resulted in plans	100%
IL.	X17A	10	E052	Exsisting public playgrounds rehabbed or repaired	12	Number of playgrounds	2	80	% of sites meeting professional standards	100%
IL.	X17A	11	E038	After school programs, activities and events for kids/ adults	300	Number of children/parents utilizing program	424	65	% of increase of test in schools	100%
IL.	X17A	12	E005	Create new Urban gardens	5	Number of acres	5	500	No. of vol. for garden	250

[illegible]

Op Site Id: X17A Site Supervisor: Carzella C. Pritchett Phone (312)373-9956
 Agency/Org Name: NRCS Fax (312)373-9956
 State: IL. City: Chicago

No of members allocated by USDA: 20

Members Names	SSN	SER STAT	PGM STAT	TRT STAT	1ST RPT	2ND RPT	3RD RPT	TOTA L
Adams, Janice, A	(b)(6)	F	A	A	184	536	410	1130 ✓
Allen, Paul, T		P	A	A	0	0	326	326 ✓
Ballew, Akeya, R		F	E	C	0	239	0	239 ✓
Bausley, Sammy, L		F	A	A	248	333	327	908 ✓
Bowen, George		P	A	A	0	314	417	731 ✓
Bloom, Sharon		F	E	C	32	0	0	32 ✓
Buckner, Regina, V		F	A	A	269	498	565	1332 ✓
Burroughs, Lucinda, A		F	A	A	63	360	436	859 ✓
Eagan, Michael, C		F	A	A	393	476	404	1273 ✓
Flores, Cecilio		P	A	A	0	0	236	236 ✓
Jackson, Jackie, L		F	A	A	311	502	409	1222 ✓
Johnson, Nancy, Y		F	A	A	54	481	327	862 ✓
Juarez, Frank		P	A	A	0	0	208	208 ✓
Katoll, Glen, E		F	A	A	0	36	0	36 ✓
McCrary, Ronald		F	A	A	347	423	416	1186 ✓
Miller, Aundre, L		F	A	A	456	487	434	1377 ✓
Parrish, Angela, M		F	A	A	0	332	310	642 ✓
Patel, Shital, S		F	A	A	0	383	482	865 ✓
Smith, Marketia, G		F	E	C	289	434	0	723 ✓
Stogner, April, L		F	A	A	479	395	361	1235 ✓
Warr, Marshall, G		F	E	C	152	0	0	152 ✓
Williams, Kirkland, L		F	E	C	330	345	0	675 ✓
Williams, Vicki, L		F	A	A	0	273	363	636 ✓
Witherspoon, Lena, M		F	A	A	605	525	588	1718 ✓
QTR. TOTALS					1ST 4212	2ND 7372	3RD 7017	Grand 18601

7A

	1ST	2ND	3RD
No. of members allocated by USDA	20	20	20
No. of members whose enrollment forms were recieved at USDA	17	20	18
No. of members whose forms have not been recieved at USDA	3	0	0
Enter the number of vacancies you intend to fill in the next reporting period	3	0	0
Enter the number of vacancies you intend to relinquish for the program next year	0	0	0
Enter the amount of vacancies you intend to fill in the next reporting period			

X17 A

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
_____	_____	_____ 0 _____	_____	_____

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
_____	_____	_____ 0 _____	_____	_____

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"

10. MEMBER DATA:

OP SITE ID: XI7B Site Supervisor: Florine Johnson PHONE: 618-271-9540 STATE: IL
 Agency/Org Name: NRCS FAX: 618-271-9737
 City: East St. Louis, IL

No. of Members Allocated by USDA: 14

Member Name	SSN	SR STAT	PGM STAT	TET STAT	1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
BAILEY, KIMBERLY A.	(b)(6)	P	A	A	—	—	396	—	— ✓
DENSMORE, HUGH A.		P	A	A	—	—	278	—	— ✓
EDWARDS, YOLANDA R.		P	A	A	—	—	440	—	— ✓
ESTES, RICKY E.		P	A	A	—	—	451	—	— ✓
HARRIS, WESLEY A.		P	A	A	—	—	430	—	— ✓
HOWARD, KERRY L.		P	A	A	—	—	452	—	— ✓
HUNT, CHARLES C.		P	A	A	—	—	412	—	— ✓
JENKINS, GERALD H.		P	A	A	—	—	440	—	— ✓
JOHNSON, ELLTHEDA E.		P	A	A	—	—	368	—	— ✓
ORR, DERRICK T.		P	A	A	—	—	379	—	— ✓
SMITH, MICHEAL L.		P	A	A	—	—	295	—	— ✓
STEWART, JEFFERY P.		P	A	A	—	—	368	—	— ✓
ROBERSON, RAMON T.		P	A	A	—	—	446	—	— ✓
WHITE, TANGELA V.		P	A	A	—	—	440	—	— ✓

6/04/96

Y17C

QUESTION 13. PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	3rd QTR Quantity	Year's Success Target	Success Unit of Measure	3rd QTR Success
IL	Y17C	1	EN-E078A	Construct trails	20	miles - trails created		100	% of trails meeting professional standards	
IL	Y17C	1	EN-E050A	Improve recreational facilities on 200 acres of land	200	acres - recreational improvements		90	% of work meeting professional standards	2 ✓
IL	Y17C	2	EN-E047A	Improve buildings and sites	30	structures - improved	7	90	% of work meeting professional standards	17 ✓
IL	Y17C	3	EN-E059A	Stabilize streams & roadbanks	10	miles - streambank stabilized	1	60	% reduction in erosion	1 ✓
IL	Y17C	4	EN-E121C	Clean illegal dump	1	sites - cleaned		100	% meeting standards	✓
IL	Y17C	5	EN-E004A	Debris removed	5	acres - cleaned		100	% meeting standards	✓
IL	Y17C	6	EN-E070A	Timber stand improvement	5	acres - improved		100	% meeting standards	✓

14. Progress Towards Accomplishing Original Community Service Objectives

State	op Site	Obj Code	Pgm Code	Obj/Impact Statement	Yrs Qyt Target	Qty unit of Measure	3rd Qtr Quantit y	Yrs Success Target	Success Unit of Measure	3rd Qtr Success
IL.	X17A	1	E12B	Develop an Inventory of Environmental Resources that are available to community leaders	100	Number of Local Leaders	18	60	% Increase of awairness of leaders and groups	100% ✓
IL.	X17A	2	E017	Conduct conservational/environmental workshops for community leaders	5	Number of adults educated	15	80	% of adults using conservation/enviromental practice	85% ✓
IL.	X17A	3	E039	Established a in city plant for ecological revitalization	1000	Number of plants grown	0	1000	Number of plants surviving	0 ✓
IL.	X17A	4	E012	Provide conservational/environmental national service	5000	Number of students educated	1900	95	% of teachers expressing satisfaction of service	100% ✓
IL.	X17A	5	E014	Conservational/ecological and horticultural classes will be conducted in the city	5000	Number of students participating	3025	95	% of teachers expressing satisfaction with service	95% ✓
IL.	X17A	6	E004	Remove debri from vacant lots and public spaces	20	Number of properties that were cleaned up	6	200	Number of volunteers recruited for the project	150 ✓
IL.	X17A	7	E013	Provide students with one on one tutoring and mentoring	1500	Number of students educated	1700	95	% of teachers expressing satisfaction with service	98% ✓
IL.	X17A	8	E124	Removal of inavasive plants in collection	22	Number of acres cleared	8	95	% of work meeting professional standards	0 ✓

X17A

State	Op Site	Obj Code	Pgm Code	Obj/Impact Statement	Yrs Qty Target	Qty unit of measure	3rd Qtr Quantity	Yrs success Target	Success unit of measure	3rd Qtr success
IL.	X17A	9	E125	Landscape architectural materials developed for presentation	50	Number of request for materials fulfilled	19	75	% of presentation that resulted in plans	100% ✓
IL.	X17A	10	E052	Exsisting public playgrounds rehabilitated or repaired	12	Number of playgrounds	8	80	% of sites meeting professional standards	100% ✓
IL.	X17A	11	R038	After school programs, activities and events for children/adults	300	Number of children/parents utilizing the program	94	65	% of increase of tests in schools	85% ✓
IL.	X17A	12	E005	Create new urban gardens	5	Number of acres	3	500	Number of volunteers recruited to help with gardens	350 ✓
IL.	X17A	13	E096	Exsisting wetlands aided	2/10 acres	Number /acres of wetlands created	1/6	95	% of improvement in water quality	100% ✓
IL.	X17A	14	H009	Food rescue program expanded	3	Number of additional of additional lbs. of food rescued	400	1000	Number od additional people fed with rescued food	200 ✓
IL.	X17A	15	H033	Food sorted at food bank	20	Tons of food sorted	5	5000	Number of people fed	1000 ✓
IL.	X17A	16	H036	Soup kitchens and pantries rehabilitated	3	Number of sites rehabilitated	2	500	Number of additional people to be served	300

15. Community Service Objectives Narratives:

IL. X17A 3 E039 - Establish an in city plant materials center for ecological revitalization.

Our spring here in Illinois has been untraditional wet and cold. Therefore delaying the establishment of our materials center. However, we will do everything possible to complete the objective.

16. Community Building Objectives Narrative:

IL. X17A 16 H036 - Rehabilitating soup kitchens and pantries.

Our work with "Mothers Cupboard" began with the clean up and painting of apt. 202 at 5206 S. State Street. We have constructed shelves, hung blinds, and made electrical repairs. We have assisted "God's Gang" with every facet of the children/volunteer run pantry; by making weekly deliveries from The Greater Chicago Food Depository to the pantry, assisting with the stocking, bagging, distribution, and bookkeeping. It is rewarding to see senior citizens, volunteers, Cha officials, residential youth, and our Americorps members work together on a common goal. Everyone is looking forward to our first Gleaning Trip.

17. Americorps Member Development Objectives Narrative:

IL. X17A 15 H033 - Food rescue program expanded.

I have detailed a group of 6 Americorps members to the food depository. These members will assist "The Greater Chicago Food Depository" with all aspects of their operation. They work along side the regular employees learning the operations. After the program some members will be offered full or partime employment.

The Chicago Environmental Action Team has 5 individuals that are currently attending night classes in pursuit of their GED. Four other members are attending attending classes at North - Eastern and the University of Illinois. Several of the members from last year paid off existing loans with their Educational Award and are now full-time students.

18. Unique Success or Great Stories:

There is a member of the Chicago Environmental Action Team who deserves to be mentioned. She is a very special individual who has overcome or learned to compensate for many of life's misfortunes. She is truly a survivor who keeps plucking away at the obstacles life has put before her. Janice has successfully completed her CNA (Certified Nurses Training) while working a 40 hour week with Americorps. She has also done extremely well as the liaison for Garfield Park Conservatory. Her latest accomplishment of becoming a certified "Treekeeper" was a well deserved accomplishment, because everyone does not excel in fast paced condensed training sessions. Janice is a living testimony to the fact that given enough time we can all excel.

19. Difficulties faced by the Program: None at this time.

20. National Identity Activities:

Several of the members went to East St. Louis to plant a tree in remembrance of the victims of the Oklahoma Bombing. Other members along with the I Have a Dream Foundation had a cleaning project in Woodlawn.

21. Organizational Changes:

I have been the acting Urban Resource Partnership Coordinator since April and will remain as the coordinator of URP and Americorps until the URP position is filled.

22. Organizational Improvements: None at this time.

23. Primary Training And Technical Assistance Needs: None at this time.

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	3rd QTR Quantity	Year's Success Target	Success Unit Measure	1st QTR Success
.....		..								
IL	x17b	1	E075	Tree City Designations	5	Number of Arbor Day Celebrations	7	5	Number of Arbor Day Celebration	7
IL	x17b	4	E004	Crime Prevention through Environmental Control	8	Number of areas cleared	5	8	Number of hazardous area cleared	5
IL	X17B	3	E012	Environmental education	90	Students	1500	90	5% of students with increase knowledge	1500
IL	* X17B	2	E072	Tree Planting	1300	Trees	500	1300	% of trees that survive after set time	500

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-work summary of the nature of the service project--this verbal summary should rough match the "PGM Code" listed in the previous column. Under "Year's QTY Target, provide a hard number for the people or things aided. Under "Target Unit of Measurement," specify what unit of measure was used in the previous column--such as miles, number of people served, acres, etc. Under "1st QTR Quantity, provide a hard number indicating progress towards the "Year's QTY Target" that was accomplished during this reporting period. Under "Year's Success Target" provide a hard number for a way of measuring how well the service was provided. Under "Successes Unit of Measure," specify exactly what the number in the previous column meant. Under "1st QTR Success," provide a hard number indicating progress towards the Year's "Success Target" that was accomplished during this reporting period.

[illegible]

5. **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 accomplishments in matched to which site.

X17B

1. Prepared and served 1800 meals for the homeless in soup kitchens in East St. Louis, IL.
2. Flood damaged homes cleaned up

16. **Community Building Objectives Narrative (optional):** Briefly describe how project 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.

NONE

17. **AmeriCorps Member Development Objectives Narrative (optional):** Briefly describe how the AmeriCorps Member 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. Related how AmeriCorps allowed Members to continue college or graduated school. Described how Members may have changed their ethic of work, citizens, or community volunteerism.

X17B

Members more aware of their responsibility as a citizen, 5 members registered with selective services.

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 letter of support or thank you letters; "before and after" photographs, brochures, posters, and newsletters created by the project; and other types of creative documentation.

SEE ATTACHED

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 not been resolved. Be sure to outline the steps taken and identify any resources needed to assist in resolving the problem.

NONE

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 Project, national telephone conference calls, use of the Internet to communicate with other sites, ect.

X17B Teamed up with X17A to plant tree in downtown East St. Louis on National Service Day in memory of Oklahoma City bombing Victims.

X17B Joined, Edwardsville AmeriCorps in planning outdoor classroom

X17B Helped St. Louis AmeriCorps till and plan community garden

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

NO Changes

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.

Have more of a working capital/budget for each site to pool from.

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.

NONE

{END OF REPORT}



East St. Louis/Lovejoy AmeriCorps



Volume 1, No. 2

GETTING THINGS DONE FOR AMERICA

May 1996

Arbor Day/ Celebrations

We have spent the first two weeks getting ready to go into the local schools setting up programs, ceremonies and actual planting of trees for this special occasion. The AmeriCorps team went to seven school consisting of two different district and passed out seedlings for the third grade classes also helping plan their activity for arbor day.

AmeriCorps/URP Team-Up

AmeriCorps participants have started working with the Gray Boulevard Beautification Committee in landscaping their area and laying out a community garden, we have also been helping the Alta Sita Community in creating a community park as part of their URPS grant. We extended our services to Parkside Neighborhood Corporation by helping them landscape the corner of 68th and State Street a main focus part of the city.

Environmental Science Seminars

More than 1500 students has been reached through our seminars given to various schools in district 188 and 189. These seminars were given to educate the children

about their environment. The topics covered was on trees, air, water, recycling, and protecting the environment.

Tree City Designations

AmeriCorps was instrumental in helping developing a Tree City Ordinance for the cities of East St. Louis and Lovejoy. The ordinance has specific rules and regulation concerning tree trimming and maintenance of trees.

In passing this ordinance trees will be maintain in such a way that it would be beneficial in helping to control flooding, reduce air pollution, conserve water and reduce soil erosion, with this ordinance it is hoped that this will make the city residents aware of the importance trees are to the community and how to take proper care of them.

Neighborhood Clean-Up

AmeriCorps helped with the flood clean-up along with the East ST. Louis City Works Department. They went in various neighborhoods cleaning-up debris left by this years flood. Participants helped senior citizens and the disable clean up their yards, and their homes and tried to reassure them that they have

not been forgotten at this disastrous time and that help is out there for them.

JOEL BERG, DIRECTOR OF NATIONAL SERVICES TOURS EAST ST LOUIS/LOVEJOY PROJECT SITES

Thirteen members of the East Saint/Lovejoy AmeriCorps team were working with their Director of National Services Joel Berg, they took him on a tour of some of their sites, he helped prepare food for the homeless at the kitchen where some of the members were helping out. Mr. Berg also helped other members paint a building on a lot that will eventually be made into a mini park. The final site was at Kenneth Hall Park where he participate with members in putting up the side of the state of the art greenhouse being constructed by URPS and AmeriCorps.



FREE DISTRIBUTION
of
Vegetable Plants and Seeds
for
Low-Income Backyard
Gardeners

Day **THURSDAY**
Date **MAY 9th**
Time **1 P.M.** to **2:30 P.M.**
Address **STATE COMMUNITY COLLEGE**

Sponsored locally by

AMERICORPS

FOR MORE INFORMATION CALL

271-9540



- Free Plants and Seeds Available
- Get Tips on Growing Vegetables
- First Come, First Served

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.

*attached letters from
community leaders
and news articles.*

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.

None

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}

**NATIONAL SERVICE DAY
EAST ST. LOUIS/LOVEJOY AMERICORPS
APRIL 23, 1996
2:00 P.M.
4TH STREET PARK
EAST ST. LOUIS, IL**

Welcome.....Jeffery Stewart,
Team Leader

Introduction of Guest(s).....Florine Johnson,
Project Manager

Guest Speaker.....Lou Walters,
Asst. State Conservationist

Planting of tree in remembrance of Oklahoma City Bombing Victims

Special Remarks.....Carzella Pritchett, Project Manager
Chicago AmeriCorps

Remarks.....Guest(s)

Closing.....Florine Johnson





USDA meriCorps

ok

• East St. Louis, Lovejoy, & Metro Area • Chicago • Two Rivers

3-27-96

To: Joel Berg, Director of National Service, USDA

From: Lue Walters, AmeriCorps State Director, NRCS
Illinois

Subject: 2nd Quarter Reports and Renewal
Applications

Attached are the second quarter reports
as requested.

CC: Paula Cole Jones, AmeriCorps Program Manager,
NRCS, NHQ, Washington, D.C.



United States Department of Agriculture
Natural Resources Conservation Service

Champaign, Illinois

The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, sex, religion, age, disability, political beliefs and marital or familial status. (Not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact the USDA Office of Communications at (202) 720-5881 (voice) or (202) 720-7808 (TDD).

To file a complaint, write the Secretary of Agriculture, U.S. Department of Agriculture, Washington, D.C. 20250, or call (202) 720-7327 (voice) or (202) 720-1127 (TDD). USDA is an equal employment opportunity employer.



USDA meriCorps Projects

Chicago

Contact:

Carzella Pritchett

Ph: 312•373•9956

Fax: 312•373•9956

Public Lands and Environmental Corps

• 20 Members • Program Start-up — November 13, 1995.

The Chicago USDA AmeriCorps project will work in several Chicago Housing Authorities (CHA) properties, several Forest Preserve District sites, and in other Chicago area communities. Members will help develop urban agriculture and green safety sites, establish an inner-city plant materials source, provide environmental education to primary and secondary school children, and develop an inventory of community assets and resources.

East St. Louis

Contact:

Florine Johnson

Ph: 618•271•9540

Fax: 618•271•9737

Public Lands and Environmental Corps

• 14 Members • Program Start-up — February, 1996

The East St. Louis AmeriCorps project will work in East St. Louis, the city of Lovejoy, and other Metro East cities. Members will restore neglected and/or abandoned lots and provide environmental education training to community groups and schools. Also, members will work in local park districts to improve and establish urban forestry and to restore and renovate city parks to increase safety and recreation opportunities for local residents.

Illinois River Valley

Contact:

Rod Atterberry

Ph: 309•543•2582

Fax: 309•543•3154

Rural Development Corps

• 5 Members • Program Start-up — October 30, 1995

The Illinois River Valley AmeriCorps project will work in Mason and southern Tazewell Counties. Members will work with farmers on irrigation scheduling, the Farm*A*Syst survey, and will establish a fresh vegetable gleaning program to help feed the elderly and poor.

Two Rivers

Contact:

William "Bill" McCartney

Ph: 217•285•4114

Fax: 217•285•5121

Public Lands and Environmental Corps

• 6 Members • Program Start-up — November 13, 1995

The Two Rivers AmeriCorps project will work in Adams, Brown, Calhoun, Pike, and Schuyler Counties. Members will work with local units of governments and non-profit agencies to improve, repair, and/or construct trails, develop camp sites and public recreational facilities and buildings, and to stabilize streams and roadbanks.



United States Department of Agriculture
Natural Resources Conservation Service



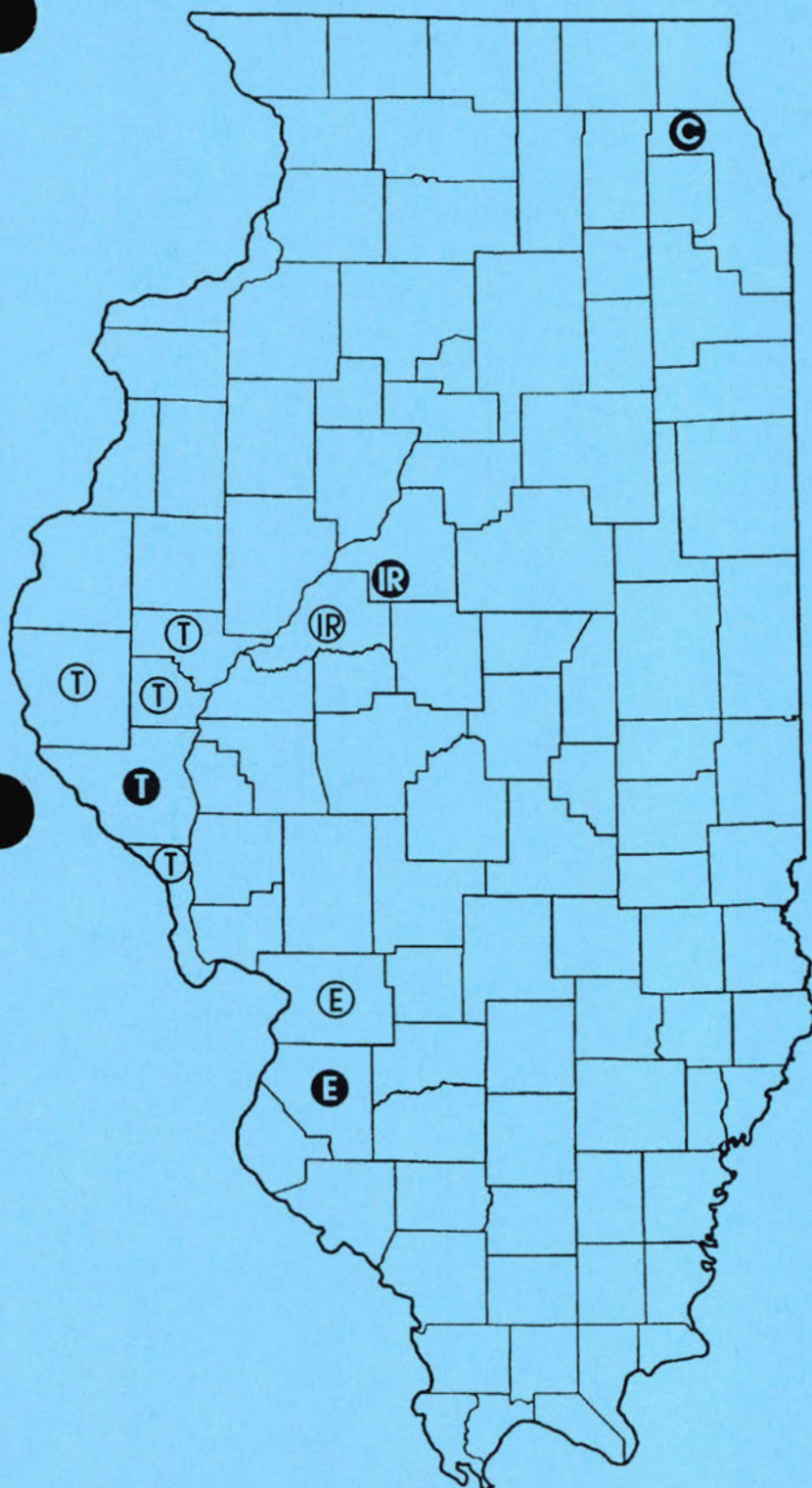
United States Department of Agriculture
Farm Service Agency

Illinois
March 1996

Illinois



USDA meriCorps Directory



C

USDA AmeriCorps of Chicago

Carzella Pritchett
Kennicott Park
4434 South Lake Park
Chicago, Illinois 60653
Ph. & Fax: 312•373•9956



E

USDA AmeriCorps of East St. Louis Lovejoy, and Metro East Area

Florine Johnson
State Community College
601 J.R. Thompson Boulevard
East St. Louis, Illinois 62201
Ph: 618•271•9540
Fax: 618•271•9737



IR

USDA AmeriCorps of the Illinois River Valley

Rod Atterberry
Mason County
Farm Service Agency (FSA)
P.O. Box 1007, 930 East Laurel Office A
Havana, Illinois 62644
Ph: 309•543•2582
Fax: 309•543•3154



T

USDA AmeriCorps of Two Rivers

William "Bill" McCartney
Two Rivers Resource Conservation
and Development (RC&D)
110 East Fayette Street
Pittsfield, Illinois 62363
Ph: 217•285•4114
Fax: 217•285•5121



The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, sex, religion, age, disability, political beliefs and marital or familial status. (Not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact the USDA Office of Communications at (202) 720-5881.

To file a complaint, write the Secretary of Agriculture, U.S. Department of Agriculture, Washington, D.C. 20250, or call (202) 720-7327 (voice) or (202) 720-1127 (TDD). USDA is an equal employment opportunity employer.



UNITED
STATES
DEPARTMENT
OF AGRICULTURE

AmeriCorps *USA

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

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

SECTION I - STATE INFORMATION

2. State: Illinois

3. Agency: ARS ☐ NRCS ☒ Forest Service ☐ RECD ☐ FSA ☐ FCS ☐

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

4. Contact Name: Lue Lue Walters Lue Walters
~~Lou Walters~~ 402 N. Kays Dr. Normal, IL
1902 Fox Drive 61761
~~Champaign, IL 61820~~

Last

5. Title: _____

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

City

State

Zip

7. Telephone number: 309-452-0830

8. Fax number: 309-452-6642

9. E-Mail Address (if any): ~~atlas!~~ bloom! law

6/04/96

10. MEMBER DATA:

DP SITE ID: X17C

Site Supervisor: William McCartney

PHONE: 217-285-4114

STATE: IL

Agency/Org Name: NRCS

FAX: 2172855121

City: Pittsfield, IL

No. of Members Allocated by USDA: 5

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
BIGSBY, DOUG	E.	P	A	A			151		0 151
BRATSCH, LEAH	C.	F	E	C	257	424	212		875 879
ELLEDGE, RACHEL	A.	F	C	B	280	384	0		944 664
GRESS, JOANN	E.	F	A	A	280	520	480		1000 1280
SKELTON, MICHAEL	A.	F	A	A	280	444	419		1143
SMOTHERS, GARY	L.	F	A	A	280	354	441		1075
Total Hours:									5142

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!!!

The end of Term of service form for Doug Bigsby was submitted
5/28/96

6/04/96

10. MEMBER DATA:

OP SITE ID: Y17C

Site Supervisor: William McCartney

PHONE: 217-285-4114

Agency/Org Name: NRCS

FAX: 2172855121

STATE: IL

City: Pittsfield, IL

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
RUBLE, SUSAN	E. (b)(6)	F	A	A	280	500	<u>448</u>		448 1228
Total Hours:									946

* 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!!!

3/12/96

10. MEMBER DATA:

OP SITE ID: X17A

Site Supervisor: Carzella Pritchett
Agency/Org Name: NRCS
City: Chicago, ILPHONE: 312-373-9956
FAX: 3123739960 9956

No. of Members Allocated by USDA: 20

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
ADAMS, JANICE	A.	F	A	A	184	<u>536</u>			184
BALLEW, AKEYA	R.	F	A	A	0	<u>239</u>			0
BAUSLEY, SAMMY	L.	F	A	A	248	<u>333</u>			248
BLOOM, SHARON	.	F	E	C	32	<u>0</u>	Left 1-6-96 program		32
BOWEN, GEORGE	.	FP	A	A	0	<u>314</u>			0
BUCKNER, REGINA	.	F	A	A	269	<u>498</u>			269
BURROUGHS, LUCINDA	A.	F	A	A	63	<u>360</u>			63
EAGAN, MICHAEL	C.	F	A	A	393	<u>476</u>			393
JACKSON, JACKIE	L. (b)(6)	F	A	A	311	<u>502</u>			311
JOHNSON, NANCY	Y.	F	A	A	54	<u>481</u>			54
KATOLL, GLEN	E.	P	A	A	0	<u>36</u>			0
MCCARRY, RONALD	.	F	A	A	347	<u>423</u>			347
MILLER, AUNDRE	L.	F	A	A	456	<u>487</u>			456
PARRISH, ANGELA	M.	F	A	A	0	<u>332</u>			0
PATEL, SHITAL	S.	F	A	A	0	<u>383</u>			0
SMITH, MARKETIA	.	F	A	A	289	<u>434</u>			289
STOGNER, APRIL	L.	F	A	A	479	<u>395</u>			479

3/12/96

10. MEMBER DATA:

OP SITE ID: X17A

Site Supervisor: Carzella Pritchett

Agency/Org Name: NRCS

STATE: IL

City: Chicago, IL

PHONE: 312-373-9956

FAX: 3123739960

9956

No. of Members Allocated by USDA: 20

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
WARR, MARSHALL	G.	F	E	C	152	0		Left Program 12-23-95	152
WILLIAMS, VICKI	L.	F	A	A	0	273			0
WILLIAMS, KIRKLAND	L.	F	A	A	330	345			330
WITHERSPOON, LENA	M.	F	A	A	605	525			605
Totals						7372	Total Hours:		4212

No. of Members Allocated by USDA: 20

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 219

No. of Members for Whom Forms Have NOT Been Recieved*: 10

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

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

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

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

If the number of members for whom forms have been received is greater than the number of members allocated resulting in a negative number appearing in the *No. of

3/12/96

10. MEMBER DATA:

Florence Johnson

618-271-9540

OP SITE ID: X17B

Site Supervisor: ~~Rufus Williams~~

PHONE: ~~217-398-5291~~

Agency/Org Name: NRCS

FAX: ~~217-398-5210~~

STATE: IL

City: East St. Louis, IL

618-271-9737

No. of Members Allocated by USDA: 14

			HOURS								
Member Name			SSN	SER STAT	PGM STAT	TRT STAT	1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
BAILEY	, KIMBERLY	A.	(b)(6)	P	A	A	0	192			✓ 0
EDWARDS	, YOLANDA	R.		P	A	A	0	218			✓ 0
ESTES	, RICKY	E.		P	A	A	0	208			✓ 0
HARRIS	, WESLEY	A.		P	A	A	0	64			✓ 0
HOWARD	, KERRY	L.		P	A	A	0	208			✓ 0
HUNT	, CHARLES	C.		P	A	A	0	78			✓ 0
JENKINS	, GERALD	H.		P	A	A	0	77			✓ 0
JOHNSON	, ELTHEDA ETTHEDA	D.		P	A	A	0	69			✓ 0
ORR	, DERRICK	T.		P	A	A	0	66			✓ 0
ROBERSON	, RAMON	T.		P	A	A	0	80			✓ 0
ROBINSON	, DAVID	L.		P	A	A	0	143		Left Program 3-8-96	✓ 0
SMITH	, MICHAEL MICHAEL	L.		P	A	A	0	96			✓ 0
STEWART	, JEFFREY	P.		P	A	A	0	216			✓ 0
WHITE	, TANGELA TANGELA	V.					0	68			✓ 0

Total Hours 1783

3/12/96

10. MEMBER DATA:

OP SITE ID: X17C

Site Supervisor: William McCartney

PHONE: 217-285-4114

STATE: IL

Agency/Org Name: NRCS
City: Pittsfield, IL

FAX: 2172855121

No. of Members Allocated by USDA: 5

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
BRATSCH, LEAH	C.	F	A	A	257	616.5			257 ✓
ELLEDG, RACHEL	A.	F	A	A	280	664	Left Program 3-8-96		280 ✓
GRESS, JOANN	E. (b)(6)	F	A	A	280	720			280 ✓
SKELTON, MICHAEL	A.	F	A	A	280	684			280 ✓
SMOTHERS, GARY	L.	F	A	A	280	634			280 ✓

Total Hours 2nd Quarter 3318.5
+ 680
3998.5

3/12/96

10. MEMBER DATA:

OP SITE ID: Y17C

Site Supervisor: William McCartney

PHONE: 217-285-4114

Agency/Org Name: NRCS

FAX: 2172855121

STATE: IL

City: Pittsfield, IL

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
RUBLE, SUSAN	E. (b)(6)	F	A	A	280	696			280
					Total	696	Total Hours:		280

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: 0

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

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

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

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

3/12/96

OP SITE ID: X17B

STATE: IL

No. of Members Allocated by USDA: 14

10. MEMBERS DATA:
Site Supervisor: ~~Rufus~~ *Florine Johnson*
Agency/Org Name: NRCS
City: East St. Louis, IL

618-271-9540
PHONE: ~~217-398-5271~~
FAX: ~~217-398-5310~~
618-271-9737

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

Total Hours: 0

No. of Members Allocated by USDA: 14

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): *12-13*

No. of Members for Whom Forms Have NOT Been Recieved*: *21*

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

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

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

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

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

3/12/96

10. MEMBER DATA:

OP SITE ID: X17C Site Supervisor: William McCartney PHONE: 217-285-4114
STATE: IL Agency/Org Name: NRCS FAX: 2172855121
City: Pittsfield , IL

No. of Members Allocated by USDA: 5

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
Total Hours:									1377

No. of Members Allocated by USDA:									5

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 5

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

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

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

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

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

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

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

	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
<u>1st</u>					
<u>2nd</u>	182	212			
(X17A-17B)	(X17A-210)				
(X17C-4)	(X17B-2)				

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
	1210	511			
(890+320)	(415+96)				

SECTION IV - PROGRESS TOWARDS ACCOMPLISHING SERVICE OBJECTIVES:

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

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

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

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

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

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

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

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

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

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

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

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

3/13/96

QUESTION 13. PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

As you are aware, one of the key pieces of information you are to provide with this 2nd QTR progress report is whether or not you intend to renew this site for the next program year beginning approximately Sept/Oct 1996. If you intend to renew this site for the next program year, indicate whether the objectives listed below will remain the same for the next year's program. If they will remain the same write OK next to them, if one will 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		2 nd QTR Quantity	Year's Success		2 nd QTR Success
					Target	QTY Unit of Measure		Target	Success Unit of Measure	
IL	X17A	1	EN-E128	Inventory conducted of community environmental resources <i>OK</i>	100	Number of local leaders provided inventory	100	60	% increase in awareness of leaders	100% ✓
IL	X17A	2	EN-E012	Conduct workshops <i>OK</i>	5	wkshps	0	80	% of students with increased knowledge	— ✓
IL	X17A	3	EN-E039	Establish an In-City plant materials center <i>Delete</i>	1000	number of plants grown	0	90	% of plants surviving	— ✓
IL	X17A	4	EN-E012	Provide conservatiao education to primary and secondary students <i>OK</i>	5000	students	4980	95	% of teachers satisfied	90% ✓
IL	X17A	5	EN-E014	Conduct environmental outdoor classes <i>OK</i>	5000	students	980	95	% of teachers satisfied	95% ✓
IL	X17A	6	EN-E004	Remove debris from vacant lots and public spaces <i>OK</i>	20	number of lots	0	200	volunteers recruited	— ✓
IL	X17A	7	EN-E013	Provide students with one-on-one conservation tutoring and mentoring <i>OK</i>	1500	number of students	0	95	% of teachers satisfied	— ✓

* We intend to renew this site for the next Program Year