FOIA Number: 2013-0661-F (3)

FOIA MARKER

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

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: Americorps

Series/Staff Member: General Files

Subseries:

OA/ID Number: 24240

FolderID:

Folder Title:
USDA/AmeriCorps - Clinton Library Copies - FY96 4th Quarter Progress Reports - NJ-NV [New Jersey-Nevada] [3]

Stack:	Row:	Section:	Shelf:	Position:
S	66	1	2	1

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. report	[Personally Identifiable Information] [partial] (19 pages)	03/14/1996	b(6)

COLLECTION:
Clinton Presidential Records
AmeriCorps
General Files
OA/Box Number: 24240

FOLDER TITLE:
USDA/AmeriCorps-Clinton Library Copies-FY96 4th Quarter Progress Reports-NJ-NV [New Jersey-Nevada] [3]

2013-0661-F
rs3842

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]

AmeriCorps *USA

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

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

SECTION I - STATE INFORMATION

2. **State:** New Mexico

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

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

4. **Contact Name:** _____ _____
Last

5. **Title:** _____

John Thomas
RECD State Office
6200 Jefferson St., NE
Albuquerque NM 87109

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

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

7. **Telephone number:** 505-761-4960

8. **Fax number:** 505-761-4976

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

United States
Department of
Agriculture

Rural Economic
and Community
Development

6200 Jefferson St. N.E.
Room 255
Albuquerque, New Mexico 87109
505-761-4950
(FAX) 505-761-4976
TTY/TDD 505-761-4938

OK

26 March, 1996

SUBJECT: Second Quarterly AmeriCorps Report

TO: Mr. Joel Berg
U.S. Dept. of Agriculture
Ag Box 1301
Washington, D.C. 20251
Rm 536-A

Dear Mr. Joel Berg

Enclosed is the second quarterly AmeriCorps report that you requested. As your deadline for submission of the report is March 31, 1996 the hours in this report end with pay period #5.

We have compared the site objectives that were submitted for our sites and find that some of them in no way relate to the site objectives that you have summarized in question 13 for the sites that we are working with. For example the Community Assistance Foundation is supposed to "Conduct outreach programs and facilitate the creation of rural water organizations/systems capable of identifying water quality problems and issues, and pursuing appropriate solution." In question 13 for this organization you indicate they are as follows: "Outreach for new home ownership programs. Assistance provided in obtaining repairs for home health & safety hazards." The site objectives that we are working with are entirely different from those you are working with. We would appreciate it if you would provide us with a copy of the objectives that you are working with so we can meet with our site supervisors to insure we have the same site objectives.

We thank you for the opportunity to enhance the AmeriCorps program.

JOHN THOMAS JR.
Rural Development Coordinator

Rural Economic and Community Development is an Equal Opportunity Lender. Complaints of discrimination should be sent to: Secretary of Agriculture, Washington, D.C. 20250

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

3/14/96

10. MEMBER DATA:

OP SITE ID: P35A Site Supervisor: William Culbertson PHONE: 505-984-8095
Agency/Org Name: RECD/RHCDS FAX: 5059848078
STATE: NM City: Santa Fe , NM

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
ARMSTRONG , BRUCE D.	(b)(6)	F	A	A	338	437.7			338

Total Hours: 338

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.

3/14/96

10. MEMBER DATA:

OP SITE ID: P35F Site Supervisor: Ernest Martinez PHONE: 505-521-8348
Agency/Org Name: RECD/RHCDS FAX: 5055218354
STATE: City: Las Cruces , NM

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
Ana Lourdes Rodriguez	(b)(6)	F	A	A	383	411			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: 0

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

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3/14/96

10. MEMBER DATA:

OP SITE ID: P35H
STATE: NM

Site Supervisor: Dr. Willam Turner
Agency/Org Name: Community Asst. Foundation
City: Albuquerque , NM

PHONE: 505-843-7643
FAX: 5052462232

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
MATHEWS , JANET S.	(b)(6)	F	E	C	363	0			363

Total Hours: 363

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

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This member resigned. We are trying to obtain an end of term of service form. If we can obtain the form from this member it will be provided to the USDA Director of National Service.

3/14/96

10. MEMBER DATA:

OP SITE ID: P35E Site Supervisor: David Robertson PHONE: 505-546-8885
Agency/Org Name: RECD/RHCDS FAX: 5055460038
STATE: NM City: Deming , NM

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
BLACK , CHARLENE D.	(b)(6)	F	A	A	52	470.7	____	____	52

Total Hours: 52

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.

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3/14/96

10. MEMBER DATA: ✓

OP SITE ID: R35B Site Supervisor: Patricia Lundstrom PHONE: 505-722-4327
STATE: Agency/Org Name: NW New Mexico Council of Governments FAX: 5057229211
City: Gallup , NM

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
Donald Segal,	(b)(6)	F	A	A	222	335			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: 1

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

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

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This member has transfered to the State of Az. He is no longer working in New Mexico.

Moved to PAB

3/14/96

10. MEMBER DATA:

OP SITE ID: P35H
STATE: NM

Site Supervisor: Dr. Willam Turner
Agency/Org Name: Community Asst. Foundation
City: Albuquerque , NM

PHONE: 505-843-7643
FAX: 5052462232

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
Marchand, Harold A.	(b)(6)	P	A	A	0	194			194

Total Hours: 194

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

---

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3/14/96

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OP SITE ID: P35H Site Supervisor: Dr. Willam Turner PHONE: 505-843-7643

STATE: NM Agency/Org Name: Community Asst. Foundation FAX: 5052462232

City: Albuquerque , NM

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
MATHEWS , JANET S.	(b)(6)	F	E	C	363	0			363

Total Hours: 363

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.

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This member resigned. We are trying to obtain an end of term of service form. If we can obtain the form from this member it will be provided to the USDA Director of National Service.

3/14/96

10. MEMBER DATA:

OP SITE ID: R35C Site Supervisor: Lisa Noble PHONE: 505-762-4505
Agency/Org Name: Eastern Plains Council of Governments FAX: 5057627715
STATE: NM City: Clovis , NM

No. of Members Allocated by USDA: 2

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
JACKSON , SHERRI J.	(b)(6)	F	A	A	286	359	___	___	286
~~*MARCHAND , HAROLD A.~~		~~P~~	~~A~~	~~A~~	~~0~~	___	___	___	~~0~~
MCMILLAN , RAMONA M.		F	A	A	328	411.2	___	___	328

Total Hours: 614

No. of Members Allocated by USDA: 2

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 3

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

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

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

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

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*Harold Marchand is assigned to site ID, P35H.

3/14/96

10. MEMBER DATA:

OP SITE ID: P35B Site Supervisor: Eric Vigil PHONE: 505-867-2358
Agency/Org Name: RECD/RHCDS FAX: 5058670411
STATE: NM City: Bernilillo , NM

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
DEHERRERA , JASON J.	(b)(6)	F	A	A	481	423	____	____	481

Total Hours: 481

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.

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3/14/96

10. MEMBER DATA:

OP SITE ID: P35D Site Supervisor: Maria Mirabal PHONE: 505-287-7941
Agency/Org Name: RECD/RHCDS FAX: 5052854297
STATE: City: Grants , NM

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
Montoya R, Donald	(b)(6)	F	A	A	602	416			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: 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.

3/14/96

10. MEMBER DATA:

OP SITE ID: R35A Site Supervisor: Ron Martinez PHONE: 505-758-8681
Agency/Org Name: La Jicarita Enterprise Community FAX: 5057585538
STATE: NM City: Taos , NM

No. of Members Allocated by USDA: 1

Member Name		SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
GURULE	, ~~VARNA~~ VERNA M.	(b)(6)	F	A	A	0	287			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): 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.

We [redacted]end to renew this site next Grants [redacted]yea

3/14/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	2 nd QTR Quantity	Year's Success Target	Success Unit of Measure	2 nd QTR Success	
NM	P35C	1	EN-R027	Outreach for new home ownership programs	100	people receiving outreach	23 8	23% 100 ~~8%~~	Number of people obtaining new homes	0	*
NM	P35C	2	EN-R026	Assistance provided in obtaining repairs for home health & safety hazards	5	homes repaired	12	240%	% of repairs meeting building codes	0	*

* See challenges

We inte[redacted] to renew this site Deming nex[redacted] year

3/14/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	2 nd QTR Quantity	Year's Success Target	Success Unit of Measure	2 nd QTR Success
NM	P35E	1	EN-R027	Outreach for new home ownership programs	OK 100	people receiving outreach	32	32%	Number of people obtaining new homes	0
NM	P35E	2	EN-R026	Assistance provided in obtaining repairs for home health & safety hazards	OK 5	homes repaired	1	20%	% of repairs meeting building codes	0

We intend to renew this site next yr Las Cruces

3/14/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	2 nd QTR Quantity	Year's Success Target	Success Unit of Measure	2 nd QTR Success
NM	P35F	1	EN-R027	Outreach for new home ownership programs OK	100	people receiving outreach	100	100 %	Number of people obtaining new homes	0
NM	P35F	2	EN-R026	Assistance provided in obtaining repairs for home health & safety hazards OK	20	homes repaired	2	10%	% of repairs meeting building codes 100%	2

14. PROGRESS TOWARDS ACCOMPLISHING ADDITIONAL COMMUNITY SERVICE OBJECTIVES

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

State Op Site	Obj No.	PGM Code	Obj/Impact statement	Year's QTY Target	QTY Unit of Measure	1st QTR Quantity	Year's Success Target	Success Unit of Measure	1st QTR Success	
{SAMPLE:}										
CA Y05A	18	EN96	Constrcuting whale nesting boxes	3	Boxes	1	90	% meeting stand.	95%	
NM P35 E	R017	The member will assist 10 families obtain assistance to connect water and sewer lines to their homes with the RECD 306 C Program		OK	10	90 % of targeted families will receive water and sewer hookups				(The AmeriCorps member has received 3 applications for water hookup to ~~their homes~~ under the 306C program)

14. PROGRESS TOWARDS ACCOMPLISHING ADDITIONAL COMMUNITY SERVICE OBJECTIVES

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

State Op Site	Obj No.	PGM Code	Obj/Impact statement	Year's QTY Target	QTY Unit of Measure	1st QTR Quantity	Year's Success Target	Success Unit of Measure	2 1st QTR Success
{SAMPLE:}									
CA Y05A	18	EN96	Constrcuting whale nesting boxes	3	Boxes	1	90	% meeting stand.	95%
NM ~~Y35H~~ P35F	R017		The member will assist families obtain assistance to connect water & sewer lines to their homes with the RECD 306C program	OK		[redacted]	10	30%	30%

Albuquerque

We intend to renew this site for the next program year.

3/14/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	2 nd QTR Quantity	Year's Success Target	Success Unit of Measure	2 nd QTR Success
NM	P35H	1	EN-R027	Outreach for new home ownership programs Delete	100	people receiving outreach	0		Number of people obtaining new homes	0
NM	P35H	2	EN-R026	Assistance provided in obtaining repairs for home health & safety hazards Delete	50	homes repaired	0		% of repairs meeting building codes	0

14. PROGRESS TOWARDS ACCOMPLISHING ADDITIONAL COMMUNITY SERVICE OBJECTIVES

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State Op Site	Obj No.	PGM Code	Obj/Impact statement	Year's QTY Target	QTY Unit of Measure	1st QTR Quantity	Year's Success Target	Success Unit of Measure	1st QTR Success
{SAMPLE:}									
CA Y05A	18	EN96	Constrcuting whale nesting boxes	3	Boxes	1	90	% meeting stand.	95%
NM ~~235H~~ R071 P35H			Train individuals within rural communities to apply for RECD water and sewer loans			10	90	% will have trained staff	
NM R020 P35H			Train individuals within rural communities to oporate water & sewer systems			20	90%	will have trained staff	
NM R017 P35H			Hook up 10 families to Rural Water Systems			10	~~90~~ 90%	of targeted families will have running water	

La Jicarita

We [redacted]nd to renew this site next ye[redacted]

3/14/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

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State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	2 nd QTR Quantity	Year's Success Target	Success Unit of Measure	2 nd QTR Success
NM	R35A	1	EN-R070	Improvement/development of regional water sysstem	OK	systems developed	0		number of people benefitting from service	0

* This member has recently started and is working on her site objectives.

We [redacted] tend to renew this site next Santa Fe Yea[redacted]

3/14/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	2 nd QTR Quantity	Year's Success Target	Success Unit of Measure	2 nd QTR Success	
NM	P35A	1	EN-R027	Outreach for new home ownership programs OK	100	people receiving outreach	0		Number of people obtaining new homes	0	*
NM	P35A	2	EN-R026	Assistance provided in obtaining repairs for home health & safety hazards OK	40	homes repaired	0		% of repairs meeting building codes	0	*

* The member will bogan working on these objectives during the next quarter.

14. PROGRESS TOWARDS ACCOMPLISHING ADDITIONAL COMMUNITY SERVICE OBJECTIVES

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

State Op Site	Obj No.	PGM Code	Obj/Impact statement	Year's QTY Target	QTY Unit of Measure	1st QTR Quantity	Year's Success Target	Success Unit of Measure	1st QTR Success
{SAMPLE:}									
CA Y05A	18	EN96	Constrcuting whale nesting boxes	3	Boxes	1	90	% meeting stand.	95%
NM ~~Y35H~~ P35A			To review the strategic plans of the 11 rural champion Communities in New Mexico and to meet with the principal contact people						100%
			To review the strategic plan of the La Jicarita Enterprise Community + meet with the principal contact people.						100%

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
	95			

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
	256			

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"

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.

AmeriCorps member Charlene Black works 40hs per week out of the New Mexico Deming Site in housing outreach activities and hooking up very [redacted] poor people to the new water system under the 306C program. After working all day in the RECD office, Charlene works at night teaching hispanics how to read and speak English. Charlene has recruted 3 volunteers to assist her on this activity. Twenty hispanic individuals can now speak English due to the efforts of Mrs Black. On weekends Mrs Charlene Black works at the Musum as a volunteer. Mrs Charlene Black is a true volunteer! She has taught native american kids in Alaska, to hispanic americans in Deming New Mexico - all on a volunteer basis. Her entire life revolves around service to others!

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.

AmeriCorps member Don Montoya has obtained 12 applications for 504 loan & grant repairs to repair homes that have health & safety hazards. There is no funding available to fund these applications so no homes are being renovated.

AmeriCorps member Don Montoya has obtained 23 502 direct housing loan applications. As there is no funding available for direct loans, Mr. Montoya efforts appear to be in vain.

Bernalillo

we intend to renew this site next year.

3/14/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	2 nd QTR Quantity	Year's Success Target	Success Unit of Measure	2 nd QTR Success
NM	P35B	1	EN-R027	Outreach for new home ownership programs OK	100	people receiving outreach	68	68%	Number of people obtaining new homes	0
NM	P35B	2	EN-R026	Assistance provided in obtaining repairs for home health & safety hazards OK	10	homes repaired *	0	0	% of repairs meeting building codes	0

* Project slated to be addressed in the 3rd & 4th quarter

We intend to renew this site next year.

3/14/96

QUESTION 13. PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	2 nd QTR Quantity	Year's Success Target	Success Unit of Measure	2 nd QTR Success
							600			
NM	R35C	1	EN-R004	Conduct entreprenurial seminars OK	200	contacts			number of new enterprises started unknown	
NM	R35C	2	EN-E128	Inventory communities to identify home-based entrepreneurs, create directory, establish services, provide education OK		number of local leaders provided w/inventory	20		% of leaders increasing their awareness	100%
NM	R35C	3	EN-R061	Develop library of commercial and private lending resources for rental development and home ownership OK		people reached with library	20		% of people with increased knowledge	100%
NM	R35C	3	EN-E017	Conduct mini-courses OK		students	pending		% of attendees with increased knowledge	Pending

MAR 27 '96 09:14AM EPCOG CLOVIS (505)762-7715

MAR-26-96 TUE 08:01

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To John Thomas | From Sherri Jackson

Co./Dept. RECD | Co. EPCOG

Phone # 761-4960 | Phone # 762-7714

Fax # 761-4976 | Fax # 762-7715

AMERICORPS
Quarterly Report
from Clovis, NM 88101

by Ramona McMillan

I have attended 2 one-day workshops from Spectrum Seminars, Inc. to learn about the Fair Housing Law, Section 504 & Americans With Disabilities Act (ADA); and Low Income Tax Credits. In the near future, I will attend another workshop conducted by the State of New Mexico, which will be an update on the Fair Housing issue. The State will provide a video for use in the seminars that I will be providing in four Northeastern New Mexico locations: Clayton, Santa Rosa, Portales and Tucumcari. I have been collecting data for use in these seminars and have obtained booklets from HUD in Spanish and English.

In working with the board members of the Eastern Plains Housing Development Corporation in Clovis, New Mexico, we have contacted individuals and taken applications to provide low income families an opportunity to own their own homes. By establishing a loan fund to carry a soft second mortgage or pay down the principal with a grant, the Eastern Plains Housing Development Corporation hopes to increase opportunities for home ownership. A grant or loan for down payments will be available for qualified individuals or families.

Materials have been accumulated from Federal, State, commercial and private lending sources. I will be able to compile a library in the near future of all available materials. Sources of these materials include: HUD 202 and 811 funding for multi-family housing; New Mexico Home Funds for multi and single family housing; Mortgage Finance Authority (MFA) for multi and single family housing; Farmers Home Loan Bank for multi and single family housing; Rural and Economic Community Development (RECD) loan/grant program for multi and single family units; Housing Assistance Council (HAC) for rural housing loan funds; Low Income Housing Tax Credit financing; bond issuance; and private sources from local banks and lending institutions.

I will be able to produce a pamphlet of funding resources for development of rental units and home ownership. This will be a guideline and an informative brochure with available sources identified.

A meeting is planned for March 27 in Clovis, NM. A representative from the Mortgage Finance Authority and four local banks will meet to discuss multi-family lending programs.

AMERICORPS
Quarterly Report
Sherri Jackson
Clovis, NM 88101

Primary Accomplishments this Quarter:

The primary focus of this quarter has been researching and collecting data relevant to home-based businesses and home-based business associations. Accomplishments are as follows:

1. I wrote letters requesting information about home-based business, from cooperative extension offices and existing home-based business associations in Arizona, Utah, Oregon, Colorado, Nebraska, Oklahoma, and Texas. Recieved a wealth of information particularly, from Oklahoma Cooperative Extension Service, at Oklahoma State University in Stillwater. They have put together a guide to organizing a professional home-based business association. This publication will be an asset to the establishment of a home-based business network in the Clovis - Portales area.

2. Developed facts sheet for the home-based business network listing goals and objective of this program. These goals and objectives were developed originally for the AmeriCorps application process. See attached "Home-Based Business Pilot Program".

3. Developed survey to profile home-based business interest in the Clovis - Portales area. Coordination for distribution of survey is currently in progress. Roy Miller and his staff at the Small Business Development Center at Clovis Community College has volunteered to print distribute and tabulate the survey.

4. Attended the Roosevelt County Board of Economic Development meeting and gave report on home-based business network program.

5. Attended the Eastern Plains Council of Governments Board meeting and gave progress report on home-based business network program.

6. Established a board of advisors and had first meeting.

7. Attended Home-Based Business Trade Show in Amarillo, Texas.

8. Establishment of home-based business owner data base is currently in progress.

Operating Site #

Unique successes or "great stories":

In, 1994, the communities of Clovis and Portales developed a strategic plan for empowering their citizens to become economically self-sufficient. During the planning process, residents expressed and interest in establishing a network of home-based businesses. These first few months of working on this project have been very exciting. There is real potential for the home-based business network to effectively be of service to our community and in turn economically impact our area.

I have not had an obstacle that someone in the community was unable or unwilling to assist me with. The advisory board is made up of community members of many backgrounds. We have representation from Cooperative Extension, Banking, NAACP, Hispanic Business Council, Economic Developement, Chamber of Commerce, Small Business Development Center, and Entrepreneurs. These people are very enthusiastic and optimistic about this program.

Home-Based Business Pilot Program

Background: In 1994, the communities of Clovis and Portales developed a strategic plan for empowering their citizens to become economically self-sufficient. During the planning process residents expressed an interest in establishing a network of home-based businesses. The Eastern Plains Council of Governments applied to AmeriCorps for a staff person to implement this strategy.

Strategy: Establish a program to assist home-based business owners and entrepreneurs with

- entrepreneurial training
- business counseling
- networking
- obtaining information
- marketing and/or distribution of products and services
- enhancing purchasing power
- micro-lending

Implementation: During the next year the Business Development Coordinator will

- identify home-based businesses and entrepreneurs
- create directory of home-based businesses
- establish network
- establish group services/benefits
- create opportunities for sales/marketing
- serve as advocate
- provide education and research services
- establish advisory committee
- develop low-interest revolving loan fund

Contact:

Sherri Jackson, Business Development Coordinator
Eastern Plains Council of Governments
104 W. 2nd Street
Clovis, New Mexico 88101
(505) 762-7714 phone (505) 762-7715 fax

UNITED STATES DEPARTMENT OF AGRICULTURE

AmeriCorps *USA

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

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

SECTION I - STATE INFORMATION

2. **State:** New Mexico

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

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

4. **Contact Name:** _____ _____ _____
First Last

5. **Title:** _____

John Thomas
RECD State Office
6200 Jefferson St., NE
Albuquerque NM 87109

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

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

7. **Telephone number:** 505-761-4960

8. **Fax number:** 505-761-4976

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

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

1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
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"

2/05/96

10. MEMBER DATA:

OP SITE ID: P35A

Site Supervisor: William Culbertson

Agency/Org Name: RECD/RHCDS

City: Santa Fe , NM

STATE:

PHONE: 505-984-8095

FAX: 5059848078

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
Bruce Armstrong	(b)(6)	F	A	A	337.5				337.5

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.

2/05/96

10. MEMBER DATA:

OP SITE ID: P35E Site Supervisor: David Robertson PHONE: 505-546-8885
Agency/Org Name: RECD/RHCDS FAX: 5055460038
STATE: City: Deming , NM

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
Charlene D. Black	(b)(6)	F	A	A	51.5				51.5

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

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2/05/96

10. MEMBER DATA:

OP SITE ID: P35B Site Supervisor: Eric Vigil PHONE: 505-867-2358
Agency/Org Name: RECD/RHCDS FAX: 5058670411
STATE: City: Bernilillo , NM

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
Jason J. DeHerrera	(b)(6)	F	A	A	481				481

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

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2/05/96

10. MEMBER DATA:

OP SITE ID: R35A Site Supervisor: Ron Martinez PHONE: 505-758-8681
Agency/Org Name: La Jicarita Enterprise Community FAX: 5057585538
STATE: City: Taos , NM

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
Lionel I. Garcia	(b)(6)	F	E	C	0				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: 1

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

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This member was shot in a hunting accident and never reported for any AmeriCorps Service. This member submitted a resignation letter as his health did not allow him to report to duty. This position was recently filled in the second quarter

2/05/96

10. MEMBER DATA:

OP SITE ID: R35C Site Supervisor: Lisa Noble PHONE: 505-762-4505
Agency/Org Name: Eastern Plains Council of Governments FAX: 5057627715
STATE: City: Clovis , NM

No. of Members Allocated by USDA: 2

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
Sheri J. Jackson	(b)(6)				286				286

No. of Members Allocated by USDA: 2

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*: 2

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.

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2/05/96

10. MEMBER DATA:

OP SITE ID: P35H

STATE:

Site Supervisor: Dr. Willam Turner
Agency/Org Name: Community Asst. Foundation
City: Albuquerque , NM

PHONE: 505-843-7643
FAX: 5052462232

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
Janet Mathews	(b)(6)	F	E	C	363	___	___	___	363

No. of Members Allocated by USDA: 1

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

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

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

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2/05/96

10. MEMBER DATA:

OP SITE ID: R35C Site Supervisor: Lisa Noble PHONE: 505-762-4505
Agency/Org Name: Eastern Plains Council of Governments FAX: 5057627715
STATE: City: Clovis , NM

No. of Members Allocated by USDA: 2

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
Ramona McMillian	(b)(6)	F	A	A	328				328

No. of Members Allocated by USDA: 2

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*: 2

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

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2/05/96

10. MEMBER DATA:

OP SITE ID: P35D Site Supervisor: Maria Mirabal PHONE: 505-287-7941
Agency/Org Name: RECD/RHCDS FAX: 5052854297
STATE: City: Grants , NM

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
Donald R. Manloya	(b)(6)	F	A	A	602				602

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.

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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.

AmeriCorps member Ana L. Rodriguez from Las Cruces, New Mexico was performing outreach activities at a community meeting in the colonia of La Mesa, N.M.. She located a family of six that had no way to heat their home, had many electrical and plumbing problems, and faulty windows in their home. In partnership with Tierra Del Sol Housing Corporation the AmeriCorps member was able to get this family a RECD Housing Preservation grant of $10,000 along with a Weatherization Assistance grant in the amount of $1,000. This family no longer has to shiver during the cold winter nights thanks to AmeriCorps member, Ana Rodriguez!

SECTION VI - CHALLENGES

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

SECTION V - GENERAL INFORMATION

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

21. **Organizational Changes:** Please outline and describe any changes in your program's organization and/or structure during the quarter. None

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

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

{END OF REPORT}

clovis

2/06/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	1 st QTR Quantity	Year's Success Target	Success Unit of Measure	1 st QTR Success
NM	R35C	1	R004	Conduct entrepreneurial seminars	200	contacts	0	0	number of new enterprises started	0
NM	R35C	2	E128	Inventory communities to identify home-based entrepreneurs, create directory, establish services, provide education		number of local leaders provided w/inventory	15		% of leaders increasing their awareness	100 %
NM	R35C	3	R061	Develop library of commercial and private lending resources for rental development and home ownership		people reached with library	0	0	% of people with increased knowledge	0
NM	R35C	3	E017	Conduct mini-courses		students	0	0	% of attendees with increased knowledge	0

2/05/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	1 st QTR Quantity	Year's Success Target	Success Unit of Measure	1 st QTR Success
NM	R35A	1	R070	Improvement/development of regional water sysstem		systems developed	0		number of people benefitting from service	0

The AmeriCorps member selected for this site was shot in a hunting accident. The slot was not filled ~~until~~ until the second quarter.

Pg 91

Start pg 92

Grants ?

2/05/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	1 st QTR Quantity	Year's Success Target	Success Unit of Measure	1 st QTR Success
NM	~~P35D~~ P35C	1	R027	Outreach for new home ownership programs	100	people receiving outreach	150	150%	Number of people obtaining new homes	~~*~~ **
NM	~~P35D~~ P35C	2	R026	Assistance provided in obtaining repairs for home health & safety hazards	5	homes repaired	*		% of repairs meeting building codes	

We do not have an operation site P35D.

* 15 Applications are on hand. for home repairs

** 4 new housing applications have been received by the AmeriCorps Members

Demir

2/05/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	1 st QTR Quantity	Year's Success Target	Success Unit of Measure	1 st QTR Success
NM	P35E	1	R027	Outreach for new home ownership programs	100	people receiving outreach	5		Number of people obtaining new homes	0
NM	P35E	2	R026	Assistance provided in obtaining repairs for home health & safety hazards	5	homes repaired	0		% of repairs meeting building codes	0

The AmeriCorps member for this site has only worked one week during the reporting period. We expect positive results during the second quarter.

Albuquerque

2/05/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

36

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	1 st QTR Quantity	Year's Success Target	Success Unit of Measure	1 st QTR Success
NM	P35H	1	R027	Outreach for new home ownership programs	100	people receiving outreach	400	400 %	Number of people obtaining new homes	0
NM	P35H	2	R026	Assistance provided in obtaining repairs for home health & safety hazards	50	homes repaired	0		% of repairs meeting building codes	0

Las Cruces

2/05/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	1 st QTR Quantity	Year's Success Target	Success Unit of Measure	1 st QTR Success
NM	P35F	1	R027	Outreach for new home ownership programs	100	people receiving outreach	0	0	Number of people obtaining new homes	0
NM	P35F	2	R026	Assistance provided in obtaining repairs for home health & safety hazards	20	homes repaired	2	10%	% of repairs meeting building codes	100

NM P35F 3 Provide assistance to low income Colonia residents to hook up to water & sewer systems. Using 306C program — 50 residents contacted

NM P35F 4 Assist communities with Community Facilities for health organization — one community has been contacted for a Rural Health Clinic

NM P35F 5 Assist small emerging businesses in rural areas to obtain necessary funding for capital improvements — 5 businesses were informed of the RECD Guaranteed Business & Industry loan program

2/05/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

36

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	1 st QTR Quantity	Year's Success Target	Success Unit of Measure	1 st QTR Success
NM	P35B	1	R027	Outreach for new home ownership programs	100	people receiving outreach	25	25%	Number of people obtaining new homes	0 *
NM	P35B	2	R026	Assistance provided in obtaining repairs for home health & safety hazards	10	homes repaired	6	60%	% of repairs meeting building codes	~~25~~ 100%

* One home ownership application is complete. We expect this application to be funded in the second quarter.

Santa Fe

2/05/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

36

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	1 st QTR Quantity	Year's Success Target	Success Unit of Measure	1 st QTR Success
NM	P35A	1	R027	Outreach for new home ownership programs	100	people receiving outreach	Member to receive training on the Guaranteed Rural Housing program on Jan 17. Member is setting up a regional training seminar for Feb. 17, 1996.		Number of people obtaining new homes	0
NM	P35A	2	R026	Assistance provided in obtaining repairs for home health & safety hazards	40	homes repaired			% of repairs meeting building codes	0
NM	P35A	3		To Review the strategic plans of the 11 ~~rural Champion Communities~~ in New Mexico and to meet with the principal contact people.	*		This objective will be met in the second quarter		8 of the 11 communities have been visited.	
NM	P35A	4		To review the strategic plan of the La Jicarita Enterprise Community and meet with the principle contact people.			This objective has been met		The member has met with the key members of this champion Communities.	

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.