FOIA Number: 2013-0661-F (3)

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Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	re: SSNs [Personally Identifiable Information] [partial] (1 page)	01/31/1996	b(6)
002. list	re: SSNs [Personally Identifiable Information] [partial] (2 pages)	08/15/1996	b(6)
003. list	re: SSNs [Personally Identifiable Information] [partial] (2 pages)	06/04/1996	b(6)
004. list	re: SSNs [Personally Identifiable Information] [partial] (2 pages)	03/12/1996	b(6)
005. list	re: SSNs [Personally Identifiable Information] [partial] (1 page)	01/31/1996	b(6)

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

FOLDER TITLE:
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2013-0661-F
rc3044

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]
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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]
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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]

Site # 95ADFDC047T53A

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:** WASHINGTON

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

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

4. **Contact Name:** Scott C. Hallett Project Manager same Address & phone or Larry Albin FSA

5. **Title:** _____

316 W. Boone Ave., suite 568
Spokane WA 99201

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

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

7. **Telephone number:** 509-353-2308

8. **Fax number:** 509-353-2309

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 fro National Service; E = Under Review).

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

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 from these sites. Please print the necessary information for each member on the appropriate sheet and submit an Enrollment form to the Department. If a Member began service but terminated, we still need a form for that person --- indicate their status as terminated. Also note whether or not the site sent the enrollment form directly to the Corporation for National Service. It is hoped that by now everyone understands that all forms (except health and child care) should come directly to the USDA Director of National Service and NOT--- repeat NOT --- the Corporation for National Service.

REMEMBER:

a. ALL members should be listed even though they only served a few weeks. If an enrollment form was submitted for a Member who then terminates either by officially notifying you or simply by walking away from the program, an End of Term of Service Form MUST be submitted for the Member.

b. If Members are serving at an operating site and their name does not appear on the list for that site, first check to see if the Member is listed under a different operating site; if not, then an Enrollment Form must be submitted so the person can be enrolled in the program.

c. List all the hours a Member served during the reporting period regardless if they terminated or if they started in the middle of the period.

Withdrawal/Redaction Marker
Clinton Library

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

1/31/96

10. MEMBER DATA:

OP SITE ID: T53A
Site Supervisor: ~~Randy~~ Scott C. Hallett ~~Primer~~
Agency/Org Name: Spokane ~~County~~ State FSA Office
STATE: WA
City: Spokane , WA
PHONE: 509-353-~~2932~~ 2308
FAX: 509353~~2135~~ 2309

No. of Members Allocated by USDA: 5

E0017

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
BELSBY , LOUISE C.	(b)(6)	F	A	A	534.75				
MEENACH , ROBYN K.		P	A	A	252.00				
NOVAKOVICH , KIMBERLY M.		F	A	A	614.75				
ROUSE , BRENDA M.		F	A	A	565.00				
WAGNER , JENNIE J.		FP	A	A	346.50				
WOLF , ROBERT E.		F	A	A	579.00				

Note change of status to Part time for Jennie Wagner above.
See explanation on next page.

1/31/96

10. MEMBER DATA:

OP SITE ID: T53A Site Supervisor: Randy Primer PHONE: 509-353-2932
Agency/Org Name: Spokane County FSA Office FAX: 5093532135
STATE: WA City: Spokane , WA

No. of Members Allocated by USDA: 5

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

No. of Members Allocated by USDA: 5

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 6

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.

* One full time member allocation was switched to 2 Part time enrollments. our 6 members are equal to 5 full time members. We have 4 full time & 2 part time members total. This was approved at the time the change was made. As far as I know our enrollment forms are correct unless an additional correction needs to be made to reflect Jennie Wagner as a part time member. Please let us know if we need to do anything else. Thanks -
Scott

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
35				35

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
135				135

SECTION IV - PROGRESS TOWARDS ACCOMPLISHING SERVICE OBJECTIVES:

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

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

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

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

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

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

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

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

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

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

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

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

2/06/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	1 st QTR Quantity	Year's Success Target	Success Unit of Measure	1 st QTR Success
WA	T53A	1	E012	Present "Ag in the Classroom" to students	5000	students	1446	*	% of students with increased knowledge	100% *

I'm not sure exactly what kind of figure you want here. It's probably obvious, but beyond me. AT any rate we feel that we have been very successful with our program so far and the 2ND quarter is even better! During The 1ST quarter we served 1446 of our 5000 student goal with what we consider to be 100% satisfaction from the schools & groups. Under seperate cover we have sent evaluations from teachers and letters from students with photos and some press clippings. All sent to Charles Sims.

Although not in the 1ST Quarter, I might mention that our AmeriCorps team got to listen to and shake hands with Tipper Gore when she was in Spokane on February 12, 1996.

Please feel free to contact me (Scott Hallett) if you have any questions about the above Question or anything else on this report.

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%
WA T53A	2	E017	Present "Ag in the classroom TO Adults	100	Adults	40		% with increased Knowledge	

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.

Power point computer presentation, photo's, Articles, letters, evaluations, etc sent to charles Sims under separate cover.

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.

No changes other than changing one full time position to 2 part time positions.

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

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

{END OF REPORT}

UNITED STATES DEPARTMENT OF AGRICULTURE

August 27, 1996

TO: David Kraft, AmeriCorps Project Director, NRCS, Washington

FROM: Joel Berg, USDA Director of National Service

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 OBJECTIVE EXCEEDED	NUMBER OF OBJECTIVES AT 100%	NUMBER OF OBJECTIVES 50-100% COMPLETE	NUMBER OF OBJECTIVES 0-50% COMPLETE	NO TARGET QUANTITY
X53A	8	3	2	2	1	

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

4. **Double counting**. Please do NOT double count your accomplishments.

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

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

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

Member Forms

A review of your member forms reveals that they are all current and up-to-date. Great job.
If you have any questions or problems, please contact Dee DiFiore at (202) 690-3051 or Ron DeMunbrun at (202) 690-3894. Thank you for your cooperation on this matter.

Attachment
cc:
Larry Holmes, AmeriCorps Program Manager, NRCS

USDA AMERICORPS - 95ADFDC047XXXX

8/27/96
2:11 pm

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	FIRST 3 QTR's Quantity	PERCENT COMPLETE
WA	X53A	3	EN-E012B	Environmental education	12	presentations - educational	14	116.67 %
WA	X53A	1	EN-E021A	Construct 6 miles of fence	6	miles - fences built	2	33.33 %
WA	X53A	6	EN-E025A	Sandbags installed	300	sandbags	300	100.00 %
WA	X53A	5	EN-E032A	Forest wildlife protection	700	acres - wildlife protection	1400	200.00 %
WA	X53A	1	EN-E061B	Willows/cuttings planted	1000	feet	1800	180.00 %
WA	X53A	1	EN-E062A	Construct 5 erosion control structures	5	structures - constructed	2	40.00 %
WA	X53A	4	EN-E094F	Establish water quality monitoring stations	50	stations - water quality	50	100.00 %
WA	X53A	1	EN-E114A	Improve water quality	100	measures - installed	60	60.00 %

UNITED STATES DEPARTMENT OF AGRICULTURE

AmeriCorps *USA

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

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SECTION I - STATE INFORMATION

2. **State:** Washington

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

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

4. **Contact Name:** David Kreft
1107 South Columbus Ave
Goldendale, WA 98620
Last

5. Title: _____

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

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

7. **Telephone number:** 509-773-5823

8. **Fax number:** 509-773-6046

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

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8/15/96

10. MEMBER DATA:

OP SITE ID: X53A Site Supervisor: David Kreft PHONE: 509-773-5823

Agency/Org Name: NRCS FAX: 5097736046

STATE: WA City: Goldendale , WA

No. of Members Allocated by USDA: 8

[002]

Member Name			SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
ESPIRITO	, ELAINE	M.	(b)(6)	F	A	I	270	141	374	367	~~785~~ 1152
GOATLEY	, DAVID	L.		F	E	II	89	0	0	0	89
GOLDEN	, KRISTINE	D.		F	KE	I	319	370	322	38	~~1011~~ 1049
MANSFIELD	, MADIA	K.		F	KE	I	40	366	336	240	~~742~~ 982
MASON	, VIKY	L.		F	A	I	316	344	362	503	~~1022~~ 1525
PATRICK	, SHELDON	B.		F	A	I	294	421	481	504	~~1196~~ 1700
SCOTT	, ALBERT	W.		F	E	II	105	0	0	0	105
SMITH	, KELLY	C.		F	E	II	266	435	458	10	~~1159~~ 1170
WHITMAN	, ROBERT	E.		F	A	I	300	372	357	457	~~1029~~ 1486

8/15/96

10. MEMBER DATA:

OP SITE ID: Y53A Site Supervisor: David Kreft PHONE: 509-773-5823

Agency/Org Name: NRCS FAX: 5097736046

STATE: WA City: Goldendale , WA

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
BLOOMER , NATHANIEL J.	(b)(6)	F	E	II	266	233	0	0	499
KROPF , CHRISTIAN A.		F	C	II	326	360	560	454 ✓	1700

Total Hours: 2199

No. of Members Allocated by USDA: 2

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

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

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

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

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

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

8/15/96

10. MEMBER DATA:

OP SITE ID: X53A Site Supervisor: David Kreft PHONE: 509-773-5823
Agency/Org Name: NRCS FAX: 5097736046
STATE: WA City: Goldendale , WA

No. of Members Allocated by USDA: 8

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
								Total Hours:	7137

No. of Members Allocated by USDA: 8

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 9

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

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

* 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
			Ø	Ø

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
			Ø	Ø

SECTION IV - PROGRESS TOWARDS ACCOMPLISHING SERVICE OBJECTIVES:

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

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

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

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

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

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

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

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

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

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

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

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

8/15/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	4th QTR Quantity	Year's Success Target	Success Unit of Measure	4th QTR Success
WA	X53A	1	EN-E062A	Construct 5 erosion control structures	5	structures - constructed	Ø	40% 30	% decrease in water pollution	
WA	X53A	1	EN-E021A	Construct 6 miles of fence	6	miles - fences built	2.5	75% 100	% of sites meeting standards	
WA	X53A	1	EN-E114A	Improve water quality	100	measures - installed	Ø	60% 30	% decrease in pollution	
WA	X53A	1	EN-E061B	Willows/cuttings planted	1000	feet	Ø	180% 30	% of decrease in erosion	
WA	X53A	3	EN-E012B	Environmental education	12	presentations - educational	Ø	116% 75	% of students with increased knowledge	
WA	X53A	4	EN-E094F	Establish water quality monitoring stations	50	stations - water quality	Ø	100% 10	Number of conservation measures adopted	
WA	X53A	5	EN-E032A	Forest wildlife protection	700	acres - wildlife protection	Ø	100% 1	number of endangered species aided	
WA	X53A	6	EN-E025A	Sandbags installed	300	sandbags	Ø	100% 20	number of residents protected from flood	

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.

In the course of trying to meet our Service objectives AmeriCorps Members were involved with 9 different habitat enhancement projects.

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.

In the course of trying to meet our community building objectives AmeriCorps Members engaged in 11 different projects that would not have been done w/o AmeriCorps initiative & effort.

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.

None to Report.

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.

The legacy of previous AmeriCorps classes is being seen this fall as a new AmeriCorps class starts. Past riparian fence projects identified w/ "silver" AmeriCorps placards greeted the new class as they continued the next phase of the project. New members were encouraged that they were a part of a publicly identified effort and their efforts would similarly be recognized and serve as a legacy for future 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, or has not been resolved. Be sure to outline the steps taken and identify any resources needed to assist in resolving the problem.

Allocating sufficient agency staff support to AmeriCorps is very difficult during these times of reducing our agency size. This will apparently be addressed during the next AmeriCorps class.

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.

Goldendale, WA will no longer be an AmeriCorps site. NRCS - Washington state is attempting to ~~move~~ start another project in King Co., WA.

Future State Contact should be: Shiraz Vira, Field Support Leader
NRCS
2145 Basin St., Suite B
Ephrata, WA 98823-2198
phone: (509) 754-0225
fax: (509) 754-0223

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}

UNITED STATES DEPARTMENT OF AGRICULTURE

AmeriCorps *USA

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

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

SECTION I - STATE INFORMATION

2. **State:** Washington

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

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

4. **Contact Name:** David Kreft
1107 South Columbus Ave
Goldendale, WA 98620
Last

5. Title: _____

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

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

7. **Telephone number:** 509-773-5823

8. **Fax number:** 509-773-6046

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. list	re: SSNs [Personally Identifiable Information] [partial] (2 pages)	06/04/1996	b(6)

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

FOLDER TITLE:
USDA/AmeriCorps - Clinton Library Copies - FY 96 4th Quarter Progress Reports - VT-WA [Vermont - Washington] [6]

2013-0661-F
rc3044

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]

6/04/96 10. MEMBER DATA:

OP SITE ID: X53A Site Supervisor: David Kreft PHONE: 509-773-5823
Agency/Org Name: NRCS FAX: 5097736046
STATE: WA City: Goldendale , WA

No. of Members Allocated by USDA: 8

[0037]

Member Name			SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
ESPIRITO	, ELAINE	M.	(b)(6)	F	A	A	270	141	374 ~~374~~	____	411
GOATLEY	, DAVID	L.		F	E	C	89	0	0	0	89
GOLDEN	, KRISTINE	D.		F	A	A	319	370	322	____	689
MANSFIELD	, MADIA	K.		F	A	A	40	366	336	____	406
MASON	, VIKY	L.		F	A	A	316	344	362	____	660
PATRICK	, SHELDON	B.		F	A	A	294	421	481	____	715
SCOTT	, ALBERT	W.		F	E	C	105	0	0	0	105
SMITH	, KELLY	C.		F	A	A	266	435	458	____	701
WHITMAN	, ROBERT	E.		F	A	A	300	372	357	____	672

Total Hours: 4447

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

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

* This page: 1 Vacancy left unfilled for the rest of the term of service.

6/04/96

10. MEMBER DATA:

OP SITE ID: Y53A Site Supervisor: David Kreft PHONE: 509-773-5823
Agency/Org Name: NRCS FAX: 5097736046
STATE: WA City: Goldendale , WA

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
BLOOMER , NATHANIEL J.	[redacted]	F	E	C	266	233	0	____	499
KROPF , CHRISTIAN A.	(b)(6)	F	A	A	326	360	560	X	686
								Total Hours:	1185

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

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

* this page: 1 vacancy left unfilled for the rest of the term of 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
		Ø		

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
		Ø		

SECTION IV - PROGRESS TOWARDS ACCOMPLISHING SERVICE OBJECTIVES:

13. Original Community Service Objectives: Attached are sheets summarizing the community service objectives that were originally approved for each operating site. In cases where a single objective may take an entire year to complete, that objective may have a sub-objectives listed. **You need to fill in the column marked "3rd QTR Quantity" and the column marked "3rd QTR Success" --- as well as any column that is blank, has a zero, or has a question mark --- for EVERY operating site.** Each chart should have the following columns:

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

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

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

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

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

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

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

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

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

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

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

6/04/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	3rd QTR Quantity	Year's Success Target	Success Unit of Measure	3rd QTR Success
WA	X53A	1	EN-E062A	Construct 5 erosion control structures	5	structures - constructed	Ø	30	% decrease in water pollution	
WA	X53A	1	EN-E021A	Construct 6 miles of fence	6	miles - fences built	2	100	% of sites meeting standards	100%
WA	X53A	1	EN-E114A	Improve water quality	100	measures - installed	Ø	30	% decrease in pollution	
WA	X53A	1	EN-E061B	Willows/cuttings planted	1000	feet	800	30	% of decrease in erosion	30%
WA	X53A	3	EN-E012B	Environmental education	12	presentations - educational	12	75	% of students with increased knowledge	~~75~~ 90%
WA	X53A	4	EN-E094F	Establish water quality monitoring stations	50	stations - water quality	50	10	Number of conservation measures adopted	2
WA	X53A	5	EN-E032A	Forest wildlife protection	700	acres - wildlife protection	Ø	1	number of endangered species aided	
WA	X53A	6	EN-E025A	Sandbags installed	300	sandbags	Ø	20	number of residents protected from flood	

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.

Program Code EN-E012B Environmental Education

AmeriCorps members used ~~there~~ their training in water quality monitoring to make presentations to all of the 6th grade students in Goldendale. ~~They~~ They demonstrated their monitoring equipment + methods + then ~~coached~~ coached individual students to ~~not~~ take the measurements themselves. AmeriCorps members also assisted NRCS staff to demonstrate soil conservation to all of the 4th grade classes. A total of 240 students + adults were provided environmental education opportunities.

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.

AmeriCorps members have initiated and maintained the first ever recycling program at the Goldendale Post Office. Junk mail, flyers, and other discarded paper items are collected at the post office + delivered to the local recycling center. The local post master has been very appreciative of this effort + thanked AmeriCorps publicly.

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.

AmeriCorps members have been trained in water quality monitoring methods and have been responsible to organize and carry out sampling on 50 sites. Members take measurements of dissolved oxygen, pH, nitrate nitrogen, canopy cover of streams, stream channel shape + size, water temperature, stream flow, aquatic insect populations + other visual observations. ~~They~~ Members have learned organizational skills, technical skills and gained experience in an entirely new field.

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.

Because of last years AmeriCorps Water quality monitoring the Washington Dept. of Ecology has seen fit to de-list a local stream from its list of threatened or impaired water bodies. Data collected by AmeriCorps members was the key element used to show that the stream was not impaired by human activities but was rather in a natural condition. This is one of the first ever de-listings in the state of Washington.

This years AmeriCorps is continuing the water quality monitoring in 1996.

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.

Crew morale was severely effected by an accusation of sexual harassment. The incident was investigated by NRCS state office with the final result being that no sexual harassment occured. What was happening was a reciprical exchange of crude remarks and poor attitudes. All parties involved were determined to be equally at fault. Verbal & written reprimands were given to the parties involved.

Contributing factors included lack of experience on the part of the main crew leaders. Further training and support should be given leaders of larger crews to prevent this type of thing from happening. Closer supervision by NRCS site manager (me!) is needed to check the status of AmeriCorps members & provide stronger leadership support. ~~last~~

Crew morale has picked up a little but has been more or less permanently effected. Work continues on main objectives.

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.

Local. Post office recycling program.

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

~~Above~~ Address change for NRCS state office contact ~~CP~~

Shiraz Viva
Field Support Leader
NRCS
2145 Basin St. SW, Suite B
Ephrata, WA 98823-2198

[Phone & FAX remain the same.
Phone: (509) 754-3553
FAX: (509) 754-3485

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.

Carry out team leader training prior to term of service as discussed at NRCS tele conferences recently.

{END OF REPORT}

ok

AmeriCorps *USA

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

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

SECTION I - STATE INFORMATION

2. **State:** Washington

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

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

4. **Contact Name:** David (First) Kreft (Middle) _____ (Last)

5. **Title:** District Conservationist - AmeriCorps Site Manager

6. **Address:** 1107 South Columbus Ave.
street, number, and PO (if applicable)

Goldendale (City) WA (State) 98620 (Zip)

7. **Telephone number:** 509-773-5823

8. **Fax number:** 509-773-6046

9. **E-Mail Address (if any) :** —

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. list	re: SSNs [Personally Identifiable Information] [partial] (2 pages)	03/12/1996	b(6)

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

FOLDER TITLE:
USDA/AmeriCorps - Clinton Library Copies - FY 96 4th Quarter Progress Reports - VT-WA [Vermont - Washington] [6]

2013-0661-F
rc3044

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]
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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]

3/12/96

10. MEMBER DATA:

OP SITE ID: X53A Site Supervisor: David Kreft PHONE: 509-773-5823
Agency/Org Name: NRCS FAX: 5097736046
STATE: WA City: Goldendale , WA

No. of Members Allocated by USDA: 8

[0047]

Member Name			SSN	SER STAT	PGM STAT	TRT STAT	1st Rpt	HOURS 2nd Rpt	3rd Rpt	4th Rpt	Total
ESPIRITO	, ELAINE	M.	(b)(6)	F	A	A	270	141			270
GOATLEY	, DAVID	L.		F	E	C	89	0	0	0	89
GOLDEN	, KRISTINE	D.		F	A	A	319	370			319
MANSFIELD	, MADIA	K.		F	A	A	40	366			40
MASON	, VIKY	L.		F	A	A	316	344			316
PATRICK	, SHELDON	B.		F	A	A	294	421			294
SCOTT	, ALBERT	W.		F	E	C	105	0	0	0	105
SMITH	, KELLY	C.		F	A	A	266	435			266
WHITMAN	, ROBERT	E.		F	A	A	300	372			300

3/12/96

10. MEMBER DATA:

OP SITE ID: Y53A Site Supervisor: David Kreft PHONE: 509-773-5823
Agency/Org Name: NRCS FAX: 5097736046
STATE: WA City: Goldendale , WA

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
* BLOOMER , NATHANIEL J.	(b)(6)	F	E/X	C/A	266	233	___	___	266
KROPF , CHRISTIAN A.		F	A	A	326	360	___	___	326
							Total Hours:		592

No. of Members Allocated by USDA: 2

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

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

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

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

---

* 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.

* Nathaniel Bloomer resigned effective 3/1/96. Did not receive award. Will replace in next reporting period.

3/12/96

10. MEMBER DATA:

OP SITE ID: X53A Site Supervisor: David Kreft PHONE: 509-773-5823
Agency/Org Name: NRCS FAX: 5097736046
STATE: WA City: Goldendale , WA

No. of Members Allocated by USDA: 8

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
								Total Hours:	1998

No. of Members Allocated by USDA: 8

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 9

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: ø

* 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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* Member data is correct. 2 members have resigned and 1 of these positions has been refilled. This leaves 1 more vacancy to fill in the next reporting period. This summary page somehow does not reflect this.

Resignations
David Goatley
Albert Scott

Replacement Member
Madia Mansfield

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
____	Ø	____	____	Ø

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
____	Ø	____	____	Ø

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 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	FOR RENEWAL	Year's QTY Target	QTY Unit of Measure	2 nd QTR Quantity	Year's Success Target	Success Unit of Measure	2 nd QTR Success
WA	X53A	1	EN-E062	Construct 5 erosion control structures	~~OK~~ DELETE	5	structures	0	30	% decrease in water pollution	—
WA	X53A	1 2	EN-E021	Construct 6 miles of fence	ok	6	miles	0	100	% of sites meeting standards	—
WA	X53A	1 5	EN-E114	Improve water quality	DELETE ~~DELETE~~	100	measures installed	20	30	% decrease in pollution	30
WA	X53A	3 3	EN-E012	Environmental education	ok	12	presentations	2	75	% of students with increased knowledge	75
WA	X53A	4 4	EN-E094	Establish water quality monitoring stations	OK	50	stations	0	10	Number of conservation measures adopted	—
WA	X53A	5 6	EN-E032	Forest wildlife protection	DELETE	700	acres	700	1	number of endangered species aided	1

Revised ~~New~~ Objectives for Renewal

WA	X53A	1	EN-E059	Streambank Maintained	a	~~1,000~~	feet protected		30%	decrease in erosion
					b	~~5~~ acres				
WA	X53A	1	EN-E061	willows/cuttings planted	b	1,000	feet planted		30%	decrease in erosion

14. PROGRESS TOWARDS ACCOMPLISHING ADDITIONAL COMMUNITY SERVICE OBJECTIVES

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

State Op Site	Obj No.	PGM Code	Obj/Impact statement	Year's QTY Target	QTY Unit of Measure	2nd ~~1st~~ QTR Quantity	Year's Success Target	Success Unit of Measure	2nd ~~1st~~ QTR Success
{SAMPLE:}									
CA Y05A	18	EN96	Constrcuting whale nesting boxes	3	Boxes	1	90	% meeting stand.	95%
~~N/A~~						2nd QTR Quantity			
WA X53A	6	E025	Sand bags Installed	a 300	Sandbags Installed	300	20	# Community residents protected	- 20
				b 100	Number Feet Covered	100			
WA X53A	1	E0-61	willows/cutting planted	b ~~1,000~~	Feet planted	500	30%	decrease in erosion	~~15~~ %

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.

All pertain to site X53A

On February 9, 1996 President Clinton declared Klickitat County to be a disaster area due to flooding. AmeriCorps members helped with sandbagging that saved 5 homes and 1 business.

A great opportunity to plant willow & cottonwood cuttings on flood-damaged streambank occurred this spring & AmeriCorps did just that.

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 this period.

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.

AmeriCorps members received training on identifying and documenting stream conditions that show the need for restoration work. This will aid in further understanding the role they are playing in restoring salmon habitat.

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 work with local flooding received good newspaper coverage and thanks. See attached newspaper clippings!

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.

One Rural Development Team member resigned. This left a ~~#~~ gap in our leadership for the Environmental Corps team.

I plan to refill this slot with an existing Env. Corps member who is demonstrating good leadership skills. This will be done at the beginning of April.

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 for 2nd Qtr.

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

~~Non~~ The NRCS State office contact is no longer Paul Taylor.

The new state level contact is Field Support Leader, Shirley Vira.

Address: NRCS
32 C Street N.W., Rm 317
Ephrata, WA 98823-1636

Phone (509) 754-3553

FAX (509) 754-3685

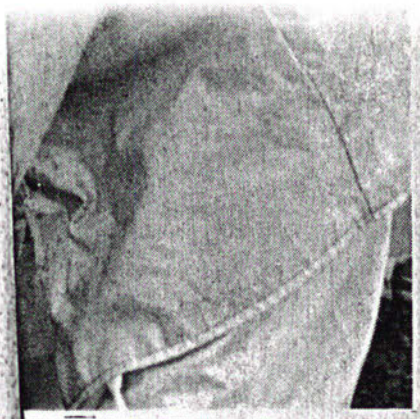
22. **Organizational Improvements (OPTIONAL):** Please write any suggestions by you, your Members, site managers, or anyone else regarding ways in which the USDA or CNS AmeriCorps program could be improved.

We hope you will send out the little metal "AmeriCorps" signs again so we can "mark" our projects for others to see.

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}



cles using private roads were eventually able to reach the town.

From Tuesday to Saturday, crews worked around the clock to reopen roads as new roads became impassible. Mud slides and high waters isolated Wishram, Klickitat, Trout Lake, Glenwood, Centerville and numerous other hamlets around the county.

One of the worst slides dumped waist-deep mud and rocks across a 100-yard stretch of S.R. 14 about

Transportation enlisted the aid of a local contractor to help it clear the slide. By Sunday, four days after the slide hit, the road was re-opened to traffic.

Clearing debris won't be enough to fix many roads. Both state and county roads sustained major damage and will have to undergo extensive repairs.

"This is going to affect the schedule of the road department for the rest of the year," said

See FEMA, page 3

NOT SO LITTLE — The Little Klickitat River rages over a footbridge on Dr. Timmer's property just down river from the North Columbus Street bridge in Goldendale. The bridge later washed away.

Photo by Kevin McCallum

Goldendale City Council declares state of emergency; Ex-City Manager offers assistance

BY KEVIN McCALLUM
News Editor

In an emergency session last Thursday to discuss the flood situation, the Goldendale City Council unanimously voted to declare a state of emergency.

The Council heard reports from a number of people about the flooding in Goldendale.

Lt. Dave Hill of the Goldendale police updated the Council on the department's efforts to ensure that looting of the Sterling Trailer Park took place while the evacuated residents were away from their homes. Hill said reserve officers were called in to provide 24-hour coverage of the area.

Public Works Director Dave Griffin told the Council that the city's water system was still intact but it was "completely maxed out." He said that all three pumps at the waste water treatment plant were running at maximum capacity and that the plant could use a fourth pump for back-up.

He also said that the flooding had forced the plant to discharge an additional 3.1 million gallons of waste water into the Little Klickitat to prevent the plant's lagoons from overflowing. He said the Department of Ecology had been notified of the situation and had given its approval.

Griffin also explained the extent of the flood damage to North Columbus Street. He said that flood waters may have washed away much of the gravel beneath the surface of the road and major repair might be needed in the future. None of the bridges across the Little Klickitat had received any damage, he said.

David Kreft, District Conservationist, told the Council about the sandbagging efforts of the AmeriCorps volunteers around the city during the flooding and offered their services for any further clean-up, repair or stabilization of watersheds in the city in the future.

The last speaker was former Goldendale City Manager Ehman Sheldon, who was at the meeting at the request of Mayor Mark Sigfrinius to offer the services of his new company, E.J.N.S. Business Resources, to help Goldendale recover some of the costs incurred by the flood.

Mayor Sigfrinius said the city's insurance with Washington Cities Insurance Authority does not cover natural disasters, but Sheldon said that "for a flat fee," his company could pursue "other

See SHELDON, page 3

UNITED STATES DEPARTMENT OF AGRICULTURE

AmeriCorps *USA

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

1. **Check this reporting period:** ø 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:** Washington

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

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

4. **Contact Name:** ~~Paul Taylor~~ David Kreft
NRCS
~~Suite 450, W 316 Boone Ave~~ 1107 South Columbus Ave
~~Spokane WA 99201~~ Goldendale, WA 98620

Last

5. **Title:** Site Manager

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

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

7. **Telephone number:** 509-773-5823

8. **Fax number:** 509-773-6046

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. list	re: SSNs [Personally Identifiable Information] [partial] (1 page)	01/31/1996	b(6)

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

FOLDER TITLE:
USDA/AmeriCorps - Clinton Library Copies - FY 96 4th Quarter Progress Reports - VT-WA [Vermont - Washington] [6]

2013-0661-F
rc3044

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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)]

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

1/31/96

10. MEMBER DATA:

OP SITE ID: X53A Site Supervisor: David Kreft PHONE: 509-773-5823

Agency/Org Name: NRCS FAX: 5097736046

STATE: WA City: Goldendale , WA

No. of Members Allocated by USDA: ~~8~~ 10 8 Environmental Corps (EC)

2 Rural Development Team (RDT)

[005]

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
T BLOOMER , NATHANIEL J.	(b)(6)	F	A	A	266				266
C ESPIRITO , ELAINE M.		F	A	A	270				270
C GOATLEY , DAVID L.		F	XE	XC	88.5				88.5
C GOLDEN , KRISTINE D.		F	A	A	319				319
T KROPF , CHRISTIAN A.		F	A	A	326				326
C MANSFIELD , MADIA K.		F	A	A	40				40
C MASON , VIKY L.		F	A	A	316				316
C PATRICK , SHELDON B.		F	A	A	294				294
C SCOTT , ALBERT W.		F	XE	XC	~~266~~ 104.5				104.5
C SMITH , KELLY C.		F	A	A	266				266
C WHITMAN , ROBERT E.		F	A	A	300				300

1/31/96

10. MEMBER DATA:

OP SITE ID: X53A Site Supervisor: David Kreft PHONE: 509-773-5823
Agency/Org Name: NRCS FAX: 5097736046
STATE: WA City: Goldendale , WA

No. of Members Allocated by USDA: 8 Environmental Corps
2 Rural Development Team

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

1 Environmental Corps No. of Members Allocated by USDA: 8

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 11

No. of Members for Whom Forms Have NOT Been Recieved*: -3 * see below

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

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

* 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 members have been terminated. (End of Term of Service forms enclosed) 2 were carried over from FY95 to finish part-time appointments (End of Term of Service forms enclosed for FY95 program year)

Total Environmental Corps enrollment at end of 1st Quarter = 7 Total Rural Development enrollment = 2

The preceding page shows which members are EC and which are RDT.

Starting enrollment was 8 EC members, 2 have been terminated, 1 has been replaced for a total of 7 EC members.

1/30/96

10. MEMBER DATA:

OP SITE ID: Y53A Site Supervisor: David Kreft PHONE: 509-773-5823
Agency/Org Name: NRCS FAX: 5097736046
STATE: City: Goldendale , WA

No. of Members Allocated by USDA: 2? ~~Rural Development Team~~

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

---

No. of Members Allocated by USDA: 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.

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.

~~This page is correct for Rural Development Team members.~~
This page is a mystery !!

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
Ø				

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
Ø				

SECTION IV - PROGRESS TOWARDS ACCOMPLISHING SERVICE OBJECTIVES:

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

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

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

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

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

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

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

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

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

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

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

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

2/06/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	1 st QTR Quantity	Year's Success Target	Success Unit of Measure	1 st QTR Success
WA	X53A	1	E114	Improve water quality	100	measures installed	40	30	% decrease in pollution	15
WA	X53A	1	E062	Construct 5 erosion control structures	5	structures	2	30	% decrease in water pollution	15
WA	X53A	1	E021	Construct 6 miles of fence	6	miles	Ø	Ø 100	% of sites meeting standards	Ø
WA	X53A	3 OK	E012	Environmental education	12	presentations	Ø	Ø 75% +50	% of students with increased knowledge	Ø
WA	X53A	4 OK	E094	Establish water quality monitoring stations	50	stations	Ø	10	Number of conservation measures adopted	Ø

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%	
~~WA~~	~~X53A~~	~~5~~	~~E028~~	~~Rehabilitate Flood Damaged Sites~~	~~8~~	~~Acres~~ ~~Sites~~	~~Ø~~	~~100~~	~~% high quality~~	~~Ø~~	on 2nd Qtr Report
WA	X53A ~~E032~~	5	E032	Forest Wildlife Protection	710	Acres	700	1	Number of Endangered Species	1	

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.

Many of the measures installed in the 1st Qtr. withstood severe flooding not long after completion. Further evaluation will be needed to see if these measures need repair or replacement. It will be interesting to learn what worked and what didn't in order to improve the quality of future ~~work~~ practice installation.

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.

AmeriCorps members received training on identifying and marking wildlife trees to preserve habitat for spotted owls and other non-endangered target species. Members then walked and "marked" a 700-acre timber sale unit. Members had excellent interaction with timber management professionals + heard different sides of the endangered species controversy. Several of the members learned new skills and really expanded their awareness of forest management issues in the Pacific Northwest.

SECTION V - SUCCESS STORIES:

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

See attached letter of appreciation related to Question 17 on the preceding page

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.

There were some initial delays in getting members signed up for the AmeriCorps CARE program. Child care providers were going 60 days or more w/o payment. The problem has now been resolved satisfactorily. The Keys ~~to~~ ~~[illegible]~~ to remember are persistence, patience and professionalism. The root causes of the problem, I believe, were heavy workload at NACCRA and added documentation requirements for this years program and not reading all of the instructions & sending in complete applications. NACCRA people were all very courteous through-out this time.

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.

NRCS program manager for Washington state is now:

Shiraz Vira
NRCS
32 C street N.W., Rm 317
Ephrata, WA 98823-1636
phone: (509) 754-3553 Fax: (509) 754-4705

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.

Supervising skills for team leaders.

{END OF REPORT}