2018-2019 Reporting Due Dates

Every other Friday: • Supervision Log and Member Timesheet Approval

January 11th: • 1st Qtr. Member Progress Report (beginning of service – Dec. 31)
               • 1st Qtr. Cash Match - Invoice will be sent to your organization

March 15th: • Member Mid-Term Performance Review

April 3rd: • 2nd Qtr. Member Progress Report (Jan. 1 – Mar. 31)
           • 2nd Qtr. Cash Match - Invoice will be sent

July 10th: • 3rd Qtr. Member Progress Report (Apr. 1 – Jun. 30)
            • 3rd Quarter Cash Match - Invoice will be sent

July 26th: • Member End-of-Term Performance Review

October 2nd: • Final Member Progress Report (July 1- Sept. 30)
              • Final Cash Match - Invoice will be sent
Cash Match

As part of the Host Site Agreement, HSO’s provide a cash match to support the financial aspects of the program. The cash match is calculated as a percentage of the ACM’s living allowance. For the 2017-18 AmeriCorps year, the cash match is set at 45% of the ACM living allowance.

The host site will be billed a maximum per member of:

- $9,180 (45% of $20,400) for full-time
- $4,860 (45% of $10,800) for half time
- $2,430 (45% of $5,400) for quarter time,
- $1,417 (45% of $3,150) for a minimum time.

VHCB will bill HSOs for the cash match on a quarterly basis. Payment should be returned to VHCB within 30 days of billing. The cash match bill amounts to 45% of the living allowance that was paid out to the member in the last quarter, and will fluctuate each quarter depending on the number of pay periods that fell within the quarter. In the event that a member leaves service early and does not receive the full living allowance, HSO’s will be responsible only for 45% of what was paid out of the member and not the full maximum amount. In cases in which the HSO contributes to the member leaving service early, such as employing the member, or not providing adequate supervision, the HSO will be responsible for paying the full maximum cash match.

VHCB will compensate each ACM bi-weekly and will take responsibility for payroll taxes, W-2s, etc. Direct deposit of checks is encouraged. The living allowance does not include the Educational Award which the ACM will receive in voucher form from the National Service Trust upon successful graduation from the Program.
Dear Jenny Supervisor,

Your invoice for your organization’s quarterly costs of the Member Living Allowance appears below. Please forward this invoice to your accounts payable department if you are not the billing contact. Please note, in some cases this invoice may be sent to both the member’s supervisor and the financial contact on file. Please be sure not to duplicate payments.

Thank you,

Amanda Moran Moshinskie  
Assistant Controller  
Vermont Housing & Conservation Board  
58 East State St.  
Montpelier, VT 05602  
Ph. (802) 828-5069  
Fax (802) 828-3203

January 5, 2018

Vermont Housing Organization  
ATTN: Jenny Supervisor  
555 Main St  
Montpelier, VT 05602

RE: Quarterly Billing for AmeriCorps Living Allowance

Dear Jenny:

As per the Sponsor Contract relating to the AmeriCorps Program, we ask you to remit your organization’s costs of the Member Living Allowance. These figures are based on the amount paid to each member for Vermont Housing Organization from September 1st through December 31st, 2017. Your share is calculated as follows:

Member: Eduardo AmeriCorps  
Member Stipend September 1st through December 31st 2017: $4,462  
Sponsor share per contract: 45%  
Amount due to VHCB: $2,007.90

TOTAL AMOUNT DUE TO VHCB UPON RECEIPT: $2,007.90

Checks should be made payable to Vermont Housing & Conservation Board and mailed before January 30, 2018. Please make note of the member’s name on the payment. If you have any questions in regards to this billing please contact Francis Sharpstene at 828-3253.
Criminal History Checks

Supervisors and Staff

All members must submit to a background check. The background check consists of an FBI Criminal History Check, Sex Offender Registry Check, and Adult/Child Abuse Check through the Vermont Agency on Human Services. In addition to the FBI Criminal History Check, individuals that will have recurring access to vulnerable populations that applied to serve/work while living in a state other than Vermont must also undergo a criminal history check through that state. A state of Vermont Criminal History check is included with the FBI check as it’s processed through the Vermont Criminal Investigation Center. All Background checks are conducted by VHCB AmeriCorps Staff.

Members may not serve unsupervised with vulnerable populations until VHCB AmeriCorps has received the criminal records. Vulnerable populations are defined as youth, elderly (persons over the age of 60), or persons with disabilities. Program staff will notify the member and supervisor via email once the results have been received and the member is cleared to serve with vulnerable populations without accompaniment.

On all occasions that the member is serving with vulnerable populations while accompaniment is required, the accompaniment must be documented. The accompaniment should be documented in the member’s timesheet and should include when the service and accompaniment happened and who provided the accompaniment.

If the criminal history check results are received with a criminal record, further action will be required. Murder or sexual assault automatically disqualifies a member for service. All other criminal records are taken on a case-by-case basis and will be assessed for relevancy to service, recent activity, and action for recourse. Members will be asked to respond to any criminal records before the conviction will be assessed.

Supervisors

VHCB AmeriCorps will conduct Criminal History Checks on Member Supervisors. The Criminal History Checks will consist of an online NSOPW check to rule out an instances of sexual assault, and a criminal record check through the Vermont Criminal Information Center to rule out any instances of murder. Supervisors will complete a Supervisors Assessment Form to give consent to the background checks.
Mileage and Expense Reimbursements

Any travel required of the member by the host organization will be reimbursed by the host site and should be directly submitted to the member’s supervisor or appropriate person at the organization to handle reimbursements. Examples of travel that should be reimbursed by the host site when using your personal vehicle include: transporting clients, traveling to a work/field site, making a delivery for the host site, picking up supplies or gear for the host site, attending trainings or events required or sponsored by the host site. Please check with your supervisor for the mileage reimbursement policy and how-to at your site.

Please note, the host organization must reimburse members at the current IRS rate. This may be different than the organization’s policy for reimbursing other staff.

Member Training

Host Sites are responsible for providing on-site training at the host site that will cover all technical training to carry out the duties listed in the position description. The member and supervisor will complete the On-Site Orientation Checklist to document the training has occurred.

Additionally, the HSO should provide the member with additional training, including external training, as time and budget allows. The HSO should consider allowing and covering expenses for relevant conferences and workshops, having the member attend board meetings as appropriate, be part of staff meetings, sit in on informative sessions, etc.
AmeriCorps Member Timesheets

To document service hours, Members must submit a completed VHCB AC Timesheet every other week. Service hour weeks will start on Monday and the “Week Ending” date is Sunday. The timesheet should be submitted the following on the second Friday of each period, unless the members serves on weekends in which case the timesheet is due on the last day of service during the period. Timesheets are sent to the site supervisor for her/his approval. Within one week of submission, Supervisors should look over the timesheet for any errors. If errors are found the timesheet should be sent back to the member with comments for resubmission. Once the timesheet is free of errors, the supervisor will “approve” the timesheet. VHCB AmeriCorps staff review timesheets on a monthly basis. If an error is found by staff, it is returned to the member for resubmission. Once the timesheet is considered approved and free of errors, VHCB staff will mark the timesheet as “Reviewed.”

Full –time members should serve on average approximately 35.5 hours/week to successfully complete your term of service by the last day. These averages do not include any holiday, sick or personal time you choose to take. HSO’s should provide 40 hours of service for full-time members to account for this. If a member is over or under that average weekly target by more than 5 hours, the Program Director will work with the Member and HSO to modify the schedule to get back on track.

***If Members do not fill out and submit the timesheet within a week of its due date with the required information (stated above) and/or falls significantly behind on hours, the Member will be placed in suspension. The timesheet is the primary source of documentation for VHCB AC to determine whether or not the member has been actively serving and what activities the member has been performing. While Program staff ultimately monitor member’s hours and timesheet submission, it is essential to have the support of the Site Supervisor to help keep members on track.

Daily Description of Activities

Each day must contain specific information covering the following:

- The allowable activities that occurred and any Community Partners involved in the activity
- The number of hours attributed to the specific activity. Record hours to the nearest quarter hour.
- Until the program has received your criminal history results: Supervision if serving vulnerable populations.
- Any other information that would verify these service hours

Travel time up to 3 hours each way (to and from) statewide and other trainings may be counted as training hours. Regular commuting time to and from the work site may not be counted. Driving time from the office to another service site may be counted. Lunch breaks should not be counted, although short breaks of 15 minutes or less may be. “Working lunches” may be counted.
Quarterly Progress Report Guidelines

****For specific definitions and data collection forms, refer to the Performance Measure Instrument Packets at http://www.vhcb.org/acorps/paperwork.html****

The general member activities (or 'Performance Measures') members will report on are as follows. Many ACMs will report on more than one:

1. Housing Placement Services
2. Improving Lands and Habitats through Environmental Stewardship
3. Environmental Education
4. Financial Literacy Services
5. Food Access
6. Homeless Services
7. Energy Conservation
8. Volunteer Mobilization
9. Capacity Building

Guidelines

There are two different reports members are required to submit:

1) Quarterly Progress Report- submitted via EmailMeForm
2) Volunteer Log- submitted via email using an Excel template

Both these reports are due in January, March, July, and August.

Progress Report:

Members will complete and submit their Periodic Activities Reports via EmailMeForm. They will be emailed a link per report to access the system. We report on two indicators of performance:

1. Outputs- represent program effort - the amount or units of services that members have completed, or the number of beneficiaries members have served.
2. Outcomes- refer to a change that has occurred in communities or in the lives of community beneficiaries or members.

1. Be careful that your member does not double count the same individual for the same measure in succeeding quarters! For example, they can count 40 residents total that benefitted from their service work in quarter 1. In quarter 2, there were 4 new residents plus the previous 40 who benefitted. So, the member would count only 4 new residents that benefitted in quarter 2.
2. However! They CAN count the same individual for separate measures if s/he has received each of the specified, breakdown measures. For example, person A
and B received emergency food services. Person A also received financial literacy services. They would count person A separately for both those measures, but they would not count either of those people again in quarter 2 for the same measure.

3. **Data storage/retention**- Members will use the data collected to report your activities performance, but will not need to submit the data collection documents themselves (e.g. logs, rosters, pr/post tests, etc.). They should retain all data collection proof and documents at your site. Documents should be stored up to 7 years and made available to VHCB AmeriCorps should we need them for auditing purposes.

**Great Story**- We like to supplement our numbers with *qualitative* impacts of members’ service. Please have your member share anything that occurred during their term that was meaningful for you in some way. Perhaps they experienced a ‘Wow!’ moment or made a breakthrough with a client. Perhaps a family was housed in permanent housing, or a child went hiking for the first time. What is important to include in a "great story" is what the member’s role was in whatever that meaningful event was (i.e. their impact).

Real names of individuals should NOT be used. We may share these stories with the SerVermont and/or CNCS (you can use alias names). As always, we love photos; members should obtain photo release forms for any youth or other vulnerable individuals that may appear in the photos (we have photo release forms available if you need them).

**Volunteer Log:**

- Members submit this at the same time that they submit the performance report.
- Members SHOULD NOT double count the same person.
- Members SHOULD count their cumulative hours logged.
- The log asks members to identify the volunteer by age category. They do not need to ask anyone their age; they can simply make a reasonable guess.

1. If another national service member (of the same or other program) participates in an event or type of service and is counting his/her hours on their respective timesheets, members should NOT count that member among their tally (s/he would not be considered a volunteer). If the member is not logging AmeriCorps hours or otherwise reporting it as part of his/her service term then they may be counted.
2. Members should submit the Volunteer Log even if they have not engaged any volunteers that quarter. They can simply claim "0".

**Definition of Terms**
Members should always refer to the Performance Measure Instrument Packets for Definitions (included in their handbook) specific to that measure. Here are a few universal definitions for their reference:

**Beneficiary of service**- Anyone who has benefited from your service work, either directly or by virtue of your efforts.

**Children with special needs**- Children who are abused or neglected; in need of foster care; adjudicated youth; homeless youth; teen-age parents; and children in need of protective intervention in their homes.

**Economically Disadvantaged**- Must be receiving or meet the income eligibility requirements to receive: TANF, Food Stamps, Medicaid, SCHIP, Section 8 housing assistance OR have a poor credit score OR are at least 60 days behind on one or more personal/family accounts. The income criteria would follow the same federal and/or state criteria for each of the above-listed programs.

**Measure**- Each of the questions in the report and captures a unit of performance and/or output. For example, “number of adults receiving environmental education” is one measure.

**Service Learning**- A process whereby students learn and develop through active participation in organized service experiences that actually meet community needs. Service learning provides students opportunities to use their acquired skills and knowledge in real life situations in their communities; this enhances teaching by extending student learning into the community and helps foster a sense of caring for others. Examples include having an after-school group or class prepare a meal at a homeless shelter, or a college class providing GIS mapping services for a local park.

**Special characteristics**- Qualities that would identify a person with a population that may be in need of a particular service, such as person living with a mental or physical disability; veteran; older adult; homeless or near-homeless; disadvantaged youth; economically disadvantaged, etc.
VHCB AmeriCorps

ISSUE / INCIDENT REPORT FORM

*** VHCB should be contacted within 36 hours of the incident.***

VHCB AC Member Involved: ____________________________

Sponsoring Organization: ____________________________

Supervisor: ____________________________

Person Filling: __________

Out This Form: ____________________________

VHCB ONLY:

Date this form was received: ____________________________

Date insurer was contacted: ____________________________

1) When & where did the event happen?

Date/Time: ____________________________

Location: ____________________________

2) Attach a sheet to this form explaining in detail what happened. Include dates, locations, persons involved, witnesses, medical attention received, and any other pertinent information.

Explanation attached? Yes ______ No ______

3) What action was taken?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

4) Was the activity that the member was doing at the time of this incident part of his/her position description? Yes: ______ No: ______
5) If relevant, was the member properly attired for the activity? Yes: _____ No: _____

Specifically, what was the member wearing?

________________________________________________________________________

6) If relevant, was the member trained to operate the equipment being used at the time of the incident? Yes: _____ No: _____

Please explain the type of training received (e.g. 8-hour Safety Course) and any certifications received:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7) Was medical action taken? If so, explain and list any medications administered, where it was administered (e.g. name of hospital or clinic) and/or costs incurred:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

8) Will follow-up medical attention/therapy be required? If so, what?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I attest that the information provided in this report is true to the best of my knowledge.

________________________________________________________________________

Signature ___________________________ Date ___________________________
Sponsor Evaluation Checklist

Rating System
1 = Systems, structures, or programming do not exist in this area, or are very poorly matched to our program.
2 = Systems, structures, or programming in this area exist but do not meet expectations. Changes are required to fit program expectations.
3 = Adequate, meets basic expectations, but could be improved/deepenedexpanded in ways that would produce a better experience for all involved.
4 = Very good, meets our expectations, on track for success. We do not expect significant changes or improvements.
5 = Excellent, exceeds our expectations. Could serve as a model for other sites.

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<th>Site:</th>
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<th>ADMINISTRATION</th>
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<tr>
<td>1 2 3 4 5 Notes</td>
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<td>----------------</td>
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<tr>
<td>Cash match is paid on time</td>
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<tr>
<td>In-Kind is being submitted in full by year’s end</td>
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<td>Required paperwork, including reports, is submitted on time</td>
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<td>Responsiveness to statewide program requests for info.</td>
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<td>Communication is timely with VHCB AC staff re issues, changes to position, supervision, etc.</td>
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<td>Attendance at required events and meetings</td>
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<td>Recruitment of member(s) on time</td>
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<td>Retention of member(s)</td>
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<tr>
<td>Drug Free Workplace signs posted</td>
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<tr>
<td>AmeriCorps sign(s) posted where public can view</td>
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<tr>
<th>MEMBER SUPPORT</th>
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<tbody>
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<td>1 2 3 4 5 Notes</td>
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<tr>
<td>Member appears well integrated into the organization</td>
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<td>Appropriate supervision is provided, including a feedback loop between the member &amp; supervisor</td>
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<td>Member receives necessary <strong>site-specific training</strong></td>
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<tr>
<td>Member participates as expected in <strong>statewide activities, training, Program, etc.</strong></td>
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<td>Member’s physical <strong>workspace</strong> and equipment meet expectations</td>
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**PROGRAM GOALS**—Member position ability to contribute towards program goals

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<tr>
<th>Housing Placement</th>
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<td>Financial Literacy</td>
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<td>Environmental Education</td>
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<td>Environmental Stewardship</td>
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<td>Volunteer Mobilization</td>
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Additional Notes:
Host Site Documents & Forms Checklist

Initial Paperwork
_____ Application for Sponsorship
_____ Position Description
_____ 501c3 documentation (only need to provide once)
_____ Contract with VHCB AmeriCorps
_____ Criminal History Background Checks for Supervising Staff (only need to Provide once)

Member Enrollment Paperwork
_____ Member Application (VHCB AmeriCorps will have online applications on file
_____ Interview Notes signed by supervisor
_____ Phone Reference Check Notes
_____ 2 Written Recommendations
_____ Information Disclosure Form (signed by applicant)
_____ Signed Position Description (member will also sign)
_____ Signed On-Site Orientation Checklist (member will also sign)

Paperwork throughout the Service Term
_____ Member Timesheets Approved bi-Weekly in OnCorps
_____ Mid-term Member Performance Review (completed with member)
_____ End of Term Member Performance Review (completed with member)
_____ Quarterly Cash Match Payments (your organization will receive an invoice each January, April, July, and October)
_____ Incident Report (as necessary)
_____ End of Year Survey