



<<Program name/program year>>
Quarterly Project Progress Report

Please type all responses

1. Name of member: _____ Date: _____
2. Affiliate name: _____
3. Supervisor's name: _____
4. Member start date (month/year): _____
5. Place a check next to the reporting period:

Quarter	Due	Covering
<input type="checkbox"/> 1 st	October 15	July 1–September 30
<input type="checkbox"/> 2 nd	January 15	October 1–December 31
<input type="checkbox"/> 3 rd	April 15	January 1–March 31
<input type="checkbox"/> 4 th	July 15	April 1–June 30

Please provide the following data to help illustrate the impact of the VISTA project during the quarter.

Definition of community volunteer: an individual recruited and/or coordinated by AmeriCorps*VISTA members. Community volunteers provide direct or indirect service to help the project achieve its objectives.

6. a. Number of active community volunteers recruited and/or coordinated by the VISTA member this quarter _____
b. Number of community volunteers reported above who are Baby Boomers (i.e., born between 1946 and 1964) _____
7. Total hours of service performed by community volunteers (other than VISTA member) as a result of the VISTA project during this quarter: _____
8. Dollar amount of in-kind donated goods and services generated by the VISTA project this quarter (**please have VISTA member break down the amounts in his/her response to question 2 on page 2**): _____
9. Dollar amount of monetary grants, donations, and fundraising generated by VISTA project this quarter (**please have VISTA member break down the amounts in his/her response to question 2 on page 2**): _____
10. Number of homes dedicated and number of individuals who moved into Habitat houses this quarter: Homes _____
Individuals _____

Project Plan

Please attach a copy of the VISTA member project plan that includes brief descriptions of progress made to date on goals and objectives as well as indicators and outcomes. When possible, include quantitative data that illustrate the impact of the VISTA project.

VISTA Member Report

VISTA members please respond to questions 1–5.

1. Describe any on-the-job, in-service, technical training or other training received this quarter, including training provided by our program.

2. Please provide a detailed description of the volunteers recruited, volunteer hours generated, in-kind donations obtained, and/or monetary donations and fundraising generated by the VISTA member this quarter. Attach spreadsheets or other supporting documentation if appropriate.

3. Please describe your interaction with the community during this quarter. What new partnerships have been developed?

4. Describe your major accomplishments this quarter—both from your project plan as well as any special projects. What has been the greatest outcome of your service this quarter?

5. What challenges, barriers, or obstacles have you faced this quarter? Please identify any additional resources or information you need to assist in your project as well as any issues that the VISTA program manager should be aware of.

VISTA Supervisor Report

VISTA supervisors please respond to questions 6–9.

6. What has the VISTA member done this quarter to contribute to the sustainability of the affiliate and/or project he/she is working with/on? Describe any growth or change that has occurred at the affiliate as a result of the VISTA member's efforts.

7. Describe how the goals of the VISTA workplan are being met. Explain if workplan objectives/tasks are on-track, ahead of schedule, or behind schedule for the quarter.

8. List specific challenges that have arisen in the last quarter and your plans to address them. What types of assistance can our program and/or CNCS provide to help the VISTA member successfully complete the project?

9. What changes or adjustments to the VISTA workplan are needed at this time? For any significant changes to workplan goals and objectives, please attach a draft of the revisions along with a brief narrative describing the proposed changes.

VISTA Attendance Record

Please attach weekly timesheets and record the cumulative totals below.

Sick days taken this quarter _____ Year-to-date _____

Vacation/Personal days taken this quarter _____ Year-to-date _____

Estimated hours worked this quarter _____

Attachments

Please attach copies of press clippings, flyers, letters, or other documentation that relate to the VISTA member's activities and accomplishments. Attachments may also be submitted on a CD or by e-mail.

Certification

I certify that the information provided in this report is accurate to the best of my knowledge.

Signature of VISTA

Date

Signature of Site Supervisor

Date