CNCS Disaster Response Database Instructions

Thank you for sharing information on your project's hurricane response activities. We appreciate your efforts. This data will help us better explain the totality of our effort and better make the case for funding and support. Below are instructions for answering the questions in the database.

1. Project Number/Grant #:

Enter project number/grant number here. Be sure to use project number/grant number, not application number.

NCCC should use the project number.

2. CNCS Program Type:
- **Drop down menu choices:**
AmeriCorps State/National, VISTA, NCCC, RSVP, FGP, SCP, Learn & Serve America School-Based, **Learn & Serve America Community-Based, Learn & Serve America Higher Education, Special Volunteer Program, Next Generation Grant, Challenge Grant, other**

Choose the program for which you are entering information. If you have two different types of national service participants serving with your organization (i.e. you have both VISTA members and State and National members) please report their activities separately.

3. Project/sponsor/legal applicant name:

Enter legal applicant that has existing relationship with the Corporation. For example, you should list Catholic Network of Volunteers, not an individual program name under Catholic Network of Volunteers, such as Bread for the City.

4. Event Name:

- **Drop down menu options (Katrina, Rita, Wilma, other)**

Please choose the primary event to which your program responded. If you prefer, please indicate the secondary storm in # 9 [below], Description of Activities.

5.   Total number of national service participants responding in these activities to date:

Include a cumulative count of all national service participants who have participated to date. For example, your program may have had a team of ten members serving for two weeks, and they have just returned home to your service site in California. You have just deployed another team of ten national service participants for an additional two weeks. Therefore, your total number of national service participants would be 20 total.

6. Number of national service participants responding in these activities currently:

Include only national service participants currently serving in disaster relief efforts. If we use the above example, the total of those currently serving in disaster relief efforts would remain at ten national service participants.

7. Total estimated number of hours served by national service participants responding in these activities:

Please **estimate** the total service hours completed by your national service participants related to the disaster response/recovery to date. Where possible, please use national service participant timesheets to complete this information.

8. Service Category
  - **Check box choices – with ability to choose more than one: Community clean-up; sheltering/feeding; donations collection; donations/warehouse management; tutoring; youth activities; housing repair/renovation; collecting/shipping donations; fundraising; interim/temporary housing support; volunteer management; Disaster Recovery Center support; other (if other, please specify).**

Please enter the activities that most appropriately describe the tasks your national service participants have completed thus far.

9. Description of Activities (text field)

Please use the following space to describe the disaster relief, recovery and mitigation activities that your national service participants have completed thus far, and include in this section any measurable accomplishments or outcomes that you are able to report at this time.

10. Major Partners

  - **Check boxes – with ability to choose more than one FEMA, Red Cross, Salvation Army, United Way, State Commission, Volunteer Center, Habitat for Humanity, VOAD, Army Corps of Engineers, Christian Contractors, Southern Baptists, Other (if other, please specify).**

Please select with whom your organization has partnered. Please note you may choose more than one partner.

11. Start date of activities: (these are only the activities that you are reporting and describing here), not the dates of your entire program activities)

For example, your team of national service participants was deployed to Louisiana for 2 weeks as part of a disaster recovery mission. However, national service participants began serving with your organization a few months beforehand. For the purposes of this instrument, your start date is the date that your team arrived to address the disaster recovery in Louisiana.

12. End date of activities: (these are only the activities that you are reporting and describing here, not the dates of your entire program activities)

For example, assume that your program concluded disaster recovery activities after 2 weeks of being deployed to a disaster area, although your program concludes several months later. For purposes of this instrument, your end date is at the end of the 2 weeks of deployment to the disaster area.

13. Stories of service (optional):

Please enter stories that national service participants may have shared with you, or other examples of how national service has made an impact in the lives of people affected by a disaster, or on your national service participants serving those in need.

14. City of disaster related assignment:
Please enter the primary city where your members served, for example: Biloxi

15. State of disaster related assignment:

The state where your members served. For example, Biloxi is located in Mississippi

16. Zip Code of disaster related assignment (optional):

The zip code(s) of where national service participant(s) served. For example, in Biloxi, the zip code where national service participant(s) served was 39532.

Zip codes can be obtained by utilizing the United States Post Office website: http://zip4.usps.com/zip4/welcome.jsp

17. Original assignment city/state (if different):

Where is your program permanently based? City/State For example, Los Angeles, California.

18. Total number of community volunteers recruited: (if available)

Include total number of community volunteers recruited by your national service participants. Do not include people assigned to disaster relief sponsoring agencies in your numbers. For example, if your organization was partnered with the Army Corps of Engineers, you would not count the staff of the Army Corps of Engineers as community volunteers, only volunteers who assisted you who did not belong to the sponsoring organization.

19. Total number of hours served by community volunteers: (if available)

For example, if your team recruited five people, and they each worked ten hours a day for five days. The total number of hours served by community volunteers would be 250 hours.

20. Total Dollar Amount of Monetary Grants, Cash Donations, and Fundraising Generated (optional):

Enter total number of dollars generated by your national service participants. Please aggregate the totals if you have multiple entries. (Please remember that fund-raising has particular rules that vary slightly by program. Contact your Program Officer or other funding official if you have questions about this activity.)

21. Total Dollar Amount of In-kind Donated Goods and Services Generated (optional)

Enter value of donated goods and services. Please aggregate the totals if you have multiple entries. For example, your national service participants secured an in-kind meal from a local business for 25 people displaced by the hurricane. The value of the meal was approximately $6 per person. Total value of the meal for 25 people should be entered as $150.00.

Reported by:
Contact information
First name:
Last name:
Address:
Phone number (area code, number, extension)
Email address:

Please be sure to check the accuracy of the entered contact information; so that we may contact you if we have questions about any of the information entered.

Thank you for your time.