

**AmeriCorps COVID-19 Data Reporting**

**Please complete the survey in its entirety. If you have your own reporting system that shares, at the minimum, the same data we are collecting, you can send this directly to [chad.driscoll@iowaeda.com](mailto:chad.driscoll@iowaeda.com)**

**Please complete the full contact information for every COVID-19 service location members are supporting. You will only have to complete the full organization contact information once. For each subsequent reporting period you will be able to complete the survey with just the organization name. To do this, select no to question #4.**

**The information you provide will be aggregated across all National Service programs in Iowa to show the impact of AmeriCorps service in Iowa during the COVID-19 crisis.**

**If you have any questions please don't hesitate to reach out. Thank you for all you do and continue to do during this crisis.**

**\* 1. Select the reporting period**

- |  |   |
|--|---|
| <input type="checkbox"/> March 16 - March 22 | <input type="checkbox"/> April 27 - May 3 |
| <input type="checkbox"/> March 23 - March 29 | <input type="checkbox"/> May 4 - May 10   |
| <input type="checkbox"/> March 30 - April 5  | <input type="checkbox"/> May 11 - May 17  |
| <input type="checkbox"/> April 6 - April 12  | <input type="checkbox"/> May 18 - May 24  |
| <input type="checkbox"/> April 13 - April 19 | <input type="checkbox"/> May 25 - May 31  |
| <input type="checkbox"/> April 20 - April 26 |   |

**\* 2. Program Name**

**\* 3. Person Completing this form**

**Only complete the full organization contact information once. For each additional reporting period, just include the name of the organization.**

**\* 1. COVID-19 Service Work Location**

<b>Point of Contact</b>	<input type="text"/>
<b>Organization</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Address 2</b>	<input type="text"/>
<b>City/Town</b>	<input type="text"/>
<b>State/Province</b>	<input type="text"/>
<b>ZIP/Postal Code</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

**\* 2. COVID-19 Response Focus Area**

- Connect Individuals to Medical Assistance
- Education
- Food Security
- Volunteer Management
- Other (please specify)

**3. Brief Description of Activities**

**\* 4. # of members serving at this location (Only include new/additional members for this service location, not previously reported. If no new/additional members, please enter 0.)**

\* 5. # of total hours served at this location (please include all member hours for this service location, new/additional members and previous members)

\* 6. Do you have another COVID-19 Service Work Location to report?

Yes

No

1. COVID-19 Service Work Location

Point of Contact

Company

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

2. COVID-19 Response Focus Area

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- Volunteer Management
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6. Do you have another COVID-19 Service Work Location to report?

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Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
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1. Successes and Stories to Share

2. Challenges and Needs

\* 3. Plan for Next Reporting Period

Continue at same level

Decrease member participation

Increase member participation

Decrease COVID-19 service sites

Add additional COVID-19 service sites

Resume normal AmeriCorps operations

Other (please specify)

4. Anything else you'd like to tell us