HAVCP Progress Report – Semi Annual

Section I: Cover Page

**Grant Information**

1. Entity
2. Federal Grant or Other Identifying Number Assigned by Federal Agency
3. Grant Type
4. Report Type (□Semi-Annual, □Annual, □Final)
5. Reporting Period (Start Date, End Date)

Section II: Progress and Narrative

Instructions: Reports due for the period ending March 31 should describe the activities of the previous six-month period and reports due for the period ending September 30 should cover the previous 12- month period. Final reports should cover the entire performance period from the start of the grant.

Additional guidance can be found on our website: https://www.eac.gov/payments-and-grants/financial-progress-reporting

EAC grants reports will be made publicly available. Therefore, your report narrative should:

 \* Be written in clear, concise, and plain language

 \* Not include sensitive confidential information

1. Program Activities
Describe in detail what happened during this reporting period and explain how you implemented the approved grant activities in accordance with your Program Narrative. *(Note: Your activities should align with your expenditures in Section IV and you may use those categories as headings in your response as applicable.)*

 □ Check if no activity during this reporting period.

1. Provide a description of any training conducted.

□ Check if no training was conducted during this reporting period.

1. Describe the partnerships built or fostered during the reporting period. Include collaboration with local election offices.
□ check if no activity during this reporting period.
2. Describe how your program activities served historically underrepresented groups or locally underserved communities.
□ check if no activity during this reporting period.
3. College Students Served.
Provide the total number of unique college students served in the following categories. Enter ‘0’ if no students were served in a category or if the category does not apply to your program.

|  |  |  |
| --- | --- | --- |
| **Metric** | **Reporting Period Total** | **Cumulative Total for Grant** |
| Enrolled in Poll-Worker Training |  |  |
| Completed Poll-Worker Training |  |  |
| Enrolled in Election Day Participation |  |  |
| Completed Election Day Poll-Worker Duties |  |  |
| Participated in National Poll-Worker Day Activities |  |  |
| Community volunteers engaged in poll worker activities |  |  |

1. Additional Performance Measures
Input data for your selected Performance Measures. The same measures should be reported on for each reporting period.

|  |  |  |
| --- | --- | --- |
| **Measure** | **Reporting Period Total** | **Cumulative Total for Grant** |
| Total number of Partnerships Developed  |  |  |
| Number of outreach plans developed and executed |  |  |
| Social media engagement *(Include unit of measurement i.e. impressions, reach, referrals, and conversions.)* |  |  |
| Workshops, Presentations, Trainings, Conferences - number of college students served *(in-person or virtual audience)* |  |  |
| Total number of college students reached via print methods *(magazine, college newspaper, print ads, etc.)* |  |  |
| Number of college students reached via digital platforms *(e.g. Social Media, Websites, Blogs, etc.):* |  |  |
| Number of listeners or viewers *(podcast, radio, TV, Public Service Announcements, ads)* |  |  |

1. Performance Measure Narrative
Describe in detail how performance measures were achieved during the reporting period. Consider the following questions: What activities took place to engage college students? What challenges and successes did the program face? What is the relationship between college students/colleges and your local election office? How is the College Poll-Worker Program meeting a need in your community?
2. Describe how you are meeting or have met the 10% matching requirement.

Section III: Challenges and Changes

1. Issues Encountered

□ Check if no major issues were encountered during this reporting period.

Describe how and whether the issues were resolved. Also, briefly discuss the implications of any unresolved issues or concerns.

1. Describe any significant changes to your program during the reporting period, including changes to your original Program Narrative or favorable developments that improved program efficiency and/or service delivery.

□ Check is no significant changes were made during this reporting period.

Section IV: Expenditures

1. Fill out the table below with both the Federal and Program Match expenditures for the current reporting period. Include federal and state interest expenditures and write-in any cost areas that do not fit into the predefined program categories. If you do not have expenses for a particular category, please populate the field with $0.00. Total expenses will be automatically calculated. Please verify totals prior to submission.

Expenditures should be consistent with the activities described in your narrative and with the amounts in your financial reports. (EAC uses the difference between your current and previous period FFR to calculate current period expenditures).

|  |  |  |
| --- | --- | --- |
| **Category** | **Federal** | **Program Match** |
| Personnel |  |  |
| Fringe |  |  |
| Equipment |  |  |
| Training |  |  |
| Contractual/Consultants |  |  |
| Supplies  |  |  |
| Other |  |  |
| Indirect Costs |  |  |
| TOTAL |  |  |

Section V: Final Assessment (Final Report Only)

The final progress report is your opportunity to share the significant successes of your project and present information about the results your project achieved. The report should cover the entire period of performance.

1. Self-Assessment - Assess whether the goals set out in your Narrative were met as intended during the grant program. Highlight any needs that were not met or ongoing/under resourced areas for future consideration.
2. Impact and Achievements - Describe how this grant program impacted college student participation in elections in your area. Highlight your accomplishments and successes.
3. Lessons Learned - Describe any lessons learned during the grant that may be replicated, expanded and/or help others.

Section VI: Certification

1. Name and Contact of the authorized certifying official.

First and Last Name
Title
Phone Number
Email Address
Signature