

**CNCS Performance Measures Instructions**

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**AmeriCorps State and National**

**2016**

**HEALTHY FUTURES**

## **AmeriCorps State and National Performance Measures Requirements**

All applications must include at least one aligned performance measure (output and outcome) that corresponds to the proposed primary service activity. CNCS values the quality of performance measures over the quantity of performance measures. All information requested in the National Performance Measure Instructions must be included in the text of the performance measures in the performance measures module, and it must be evident in this text that all definitions and requirements outlined in the National Performance Measures Instructions and NOFO FAQs are met. Should an applicant choose to provide duplicate information about performance measures in the narrative, this information will also need to be in the performance measures module.

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## AmeriCorps State and National Performance Measures Selection Rules

These selection rules specify required output/outcome pairings for priority and complementary performance measures. All applicants must follow these selection rules. Please see the NOFO for additional information about application requirements.

### Disaster Services

Type of Measure	Selection Rule		Strategic Plan Objective
	Output	Outcome	
Priority	D1	Applicant Determined Outcome	Assistance Provided
Priority	D2	Applicant Determined Outcome	Assistance Provided
Priority	D3	Applicant Determined Outcome	Assistance Provided
Priority	D4	Applicant Determined Outcome	Assistance Provided

### Economic Opportunity

Type of Measure	Selection Rule		Strategic Plan Objective
	Output	Outcome	
Priority	O5	O11	Housing
Complementary	O1	O9	Financial Literacy
Complementary	O4	Applicant Determined Outcome	Housing
Complementary	O2	Applicant Determined Outcome	Employment
Complementary	O3	O10	Employment
Complementary*	O12	O15	Find Opportunity
Complementary*	O13	O16	Find Opportunity
Complementary*	O14	O17	Find Opportunity

\*Applicants using these measures must also select a priority or complementary measure to reflect the community impact of the program

## Education

Type of Measure	Selection Rule		Strategic Plan Objective
	Output	Outcome	
Priority	ED20 and ED21	ED23, ED24, and/or ED25	School Readiness
Priority	ED1 and ED2	ED5, ED27A, and/or ED27B	K-12 Success
Priority	ED3A and ED4A	ED5, ED27A, and/or ED27B	K-12 Success
Complementary	ED1 and ED2	ED9, ED10, ED26, and/or ED30	K-12 Success
Complementary	ED3A and ED4A	ED9, ED10, ED26, and/or ED30	K-12 Success
Complementary	ED31 and ED32	ED11	Post-HS Education Support
Complementary*	ED12 and ED13	ED14 and ED17 (ED18 and ED19 are optional)	Teacher Corps

\*Teacher Corps programs must also select a priority or complementary measure to reflect the community impact of the program

## Environmental Stewardship

Type of Measure	Selection Rule		Strategic Plan Objective
	Output	Outcome	
Priority	EN4	EN4.1	At-Risk Ecosystems
Priority	EN5	EN5.1	At-Risk Ecosystems
Complementary	EN1	EN1.1	Energy Efficiency
Complementary	EN2	EN2.1	Green Jobs
Complementary	EN3	EN3.1 and/or EN3.2	Awareness & Stewardship
Complementary	EN6	EN6.1	At-Risk Ecosystems

**Healthy Futures**

Type of Measure	Selection Rule		Strategic Plan Objective
	Output	Outcome	
Priority	H8	H9	Aging in Place
Priority	H10 and/or H11	H12	Obesity & Food
Complementary	H1	Applicant-Determined Outcome	Access to Care
Complementary	H2	Applicant-Determined Outcome	Access to Care
Complementary	H3	Applicant-Determined Outcome	Access to Care
Complementary	H4	Applicant-Determined Outcome	Access to Care
Complementary	H5	Applicant-Determined Outcome	Obesity & Food
Complementary	H6	Applicant-Determined Outcome	Obesity & Food
Complementary	H7	Applicant-Determined Outcome	Obesity & Food

**Veterans and Military Families**

Type of Measure	Selection Rule		Strategic Plan Objective
	Output	Outcome	
Priority	V1	Applicant-Determined Outcome	Veterans & Families Served
Priority	V2	Applicant-Determined Outcome	Access & Attract
Priority	V7	Applicant-Determined Outcome	Veterans & Families Served
Priority	V8	Applicant-Determined Outcome	Veterans & Families Served
Priority	V9	Applicant-Determined Outcome	Veterans & Families Served
Priority	V10	Applicant-Determined Outcome	Access & Attract
Complementary	V3	Applicant-Determined Outcome	Veterans & Families Served
Complementary	V4	Applicant-Determined Outcome	Veterans & Families Served
Complementary	V6	Applicant-Determined Outcome	Veterans & Families Served

**Capacity Building**

Type of Measure	Selection Rule		Strategic Plan Objective
	Output	Outcome	
Priority	G3-3.1 and/or G3-3.2	G3-3.3	Capacity Building & Leverage
Complementary	G3-3.4, G3-3.5, G3-3.6, G3-3.7 and/or G3-3.8	G3-3.9, G3-3.10, G3-3.11, G3-3.12, G3-3.13, G3-3.14, G3-3.15, G3-3.16, and/or G3-3.17 (End outcomes G3-3.18 and G3-3.19 are optional)	Capacity Building & Leverage

## HEALTHY FUTURES

<b>Measure H1</b>	Number of individuals who are uninsured, economically disadvantaged, medically underserved, or living in rural areas utilizing preventive and primary health care services and programs.
<b>Definition of Key Terms</b>	<p><b>Uninsured:</b> An individual lacks insurance coverage. (This definition is consistent with the National Health Information Survey (NHIS)).</p> <p><b>Economically disadvantaged:</b> Meet income eligibility criteria for Medicaid or SCHIP in the state where the individual/family accessing services resides; do not have to meet other eligibility criteria.</p> <p><b>Medically underserved:</b> An individual who lives in a medically underserved area or is a member of a medically underserved population, as defined by HHS. HHS makes these designations to identify areas and population groups with a shortage of primary care health services. The criteria for these designations include indicators of health status, ability to pay for and access to health services, and availability of health professionals. (per the Public Health Service Act, 42 U.S.C. 254b(b)(3)). Programs may also provide justification for other medically underserved populations.</p> <p><b>Healthcare services:</b> Accessible, comprehensive, continuous, and coordinated care to preserve health and prevent, treat or manage disease or infirmity, provided and consistently available in the context of family and community.</p> <p><b>Preventive health care services:</b> Preventive health behavior is "any activity undertaken by an individual who (believed to be) healthy for the purpose of preventing or detecting illness in an asymptomatic state" (Kasl and Cobb 1966, p.246).</p> <p><b>Primary health care:</b> The concept of primary health care was defined by the World Health Organization in 1978 as both a level of health service delivery and an approach to health care practice. Primary care, as the provision of essential health care, is the basis of a health care system. This is in contrast to secondary health care, which is consultative, short term, and disease oriented for the purpose of assisting the primary care practitioner.</p>
<b>How to Calculate Measure/Collect Data</b>	<p>Count unduplicated new individuals who actually use the preventive and primary health care services and programs, as a result of the grantee's activities.</p> <p>Grantee records that are follow-up data on clients referred to health care services and programs. Requires grantee to follow-up with client.</p>

<b>Measure H2</b>	Number of clients to whom information on health insurance, health care access and health benefits programs is delivered.
<b>Definition of Key Terms</b>	<p><b>Health insurance:</b> Risk arrangement that assures financial coverage for a defined range of health care services, known as benefits, only if these are required. Coverage is offered to an individual or group in exchange for regular payments (premiums paid regardless of use of benefits) by a licensed third party (not a health care provider) or entity, usually an insurance company or government agency that pays for medical services but does not receive or provide health care services.</p> <p><b>Preventive health care services:</b> Preventive health behavior is "any activity undertaken by an individual who is (believed to be) healthy for the purpose of preventing or detecting illness in an asymptomatic state" (Kasl and Cobb 1966, p.246). In the context of healthcare services this may include the provision of a range of activities such as immunizations, family planning, and health/wellness education. More broadly this includes individuals engaging in lifestyle changes (e.g., nutrition, exercise) to help mitigate risk of disease.</p>
<b>How to Calculate Measure/Collect Data</b>	<p>The information may be delivered using methods such as individual-level interactions, group-level interactions, hotlines, clearinghouses, etc.</p> <p>Count unduplicated new individuals who are provided with information, as a result of the grantee's activities. If more than one method of delivery is used (e.g., a group-level interaction followed by an individual-level interaction), count the client only once.</p> <p>Grantee reports and logs of interactions with clients.</p>

<b>Measure H3</b>	Number of clients enrolled in health insurance, health services, and health benefits programs.
<b>Definition of Key Terms</b>	<p><b>Enrolled:</b> Newly enrolled as a result of grantee activities. Clients may or may not have existing health insurance, or previous use of health services and health benefits programs.</p> <p><b>Health insurance:</b> Risk arrangement that assures financial coverage for a defined range of health care services, known as benefits, only if these are required. Coverage is offered to an individual or group in exchange for regular payments (premiums paid regardless of use of benefits) by a licensed third party (not a health care provider) or entity, usually an insurance company or government agency that pays for medical services but does not receive or provide health care services.</p>
<b>How to Calculate Measure/Collect Data</b>	<p>The new unduplicated clients that were ultimately enrolled in a health insurance, health services, or health benefits program. Count each client only once. For example, enrolling a client in health insurance and then enrolling that same client in a health service would count as one client.</p> <p>Grantee records or data (application and follow-up) on client enrollment and health insurance status.</p>

<b>Measure H4</b>	Number of clients participating in health education programs.
<b>Definition of Key Terms</b>	<b>Health education program:</b> “Any planned combination of learning experiences designed to predispose, enable, and reinforce voluntary behavior conducive to health in individuals, groups or communities.” (Green, LW and Kreuter, MW. <i>Health Promotion Planning: An Educational and Ecological Approach</i> , 3rd ed. Mountain View, CA: Mayfield Publishing Company; 1999.) An educational process by which the public health system conveys information to the community regarding community health status, health care needs, positive health behaviors and health care policy issues. (National Public Health Performance Standards Project.)
<b>How to Calculate/ Measure/ Collect Data</b>	Count unduplicated new clients who participate in the grantee’s health education program. If the health education program has multiple sessions, topics, etc., count the client once. Do not count clients by number of sessions. For example, if a health education program meets once a month for one year, and has 12 participants who complete, then only report 12 (not 144). Grantee collects data on clients attending each session. Logs, case management systems, etc.

<b>Measure H5</b>	Number of children and youth engaged in in-school or afterschool physical education activities with the purpose of reducing childhood obesity.
<b>Definition of Key Terms</b>	Children and youth must be enrolled in elementary, middle, or high school programs within a public, charter, private, or home-school arrangement. Physical education activities must be in addition to regular activities that would have been provided by the school or afterschool program (cannot supplant existing activities). One goal of the physical activity should be to reduce or prevent childhood obesity.
<b>How to Calculate/ Measure/ Collect Data</b>	Count of the number of children actively participating in the activities. Not just the number enrolled or even the number attending, but rather the number who engage in the activities. Count each child only once.

<b>Measure H6</b>	Number of children and youth receiving nutrition education with the purpose of reducing childhood obesity.
<b>Definition of Key Terms</b>	Children and youth must be enrolled in elementary, middle, or high school programs within a public, charter, private, or home-school arrangement.  Nutrition education must be in addition to what they would have regularly received as part of planned school curriculum or afterschool activity (cannot supplant existing activities). The education should be appropriate to the grade level.
<b>How to Calculate/ Measure/ Collect Data</b>	Count of the number of children attending the nutrition education sessions. If delivered to a classroom, count the number of children in attendance that day (not the enrollment of children in the classroom). Every effort should be made to count each child only once. If the nutrition education program includes multiple topics or sessions, count each child once.

<b>Measure H7</b>	Number of clients receiving language translation services at clinics and in emergency rooms.
<b>Definition of Key Terms</b>	<p><b>Clinic:</b> Any medical facility or establishment where medical services are provided, and where more than one medical specialty is practiced. This may include public health clinics, hospitals, etc.</p> <p><b>Emergency rooms:</b> Located in hospitals or care facilities and handle cases that require immediate attention.</p> <p><b>Translation:</b> Includes both written and verbal, interpretive services to help patients not fluent in English writing and/or speaking better communicate their medical needs and understand their medical instructions.</p>
<b>How to Calculate Measure/Collect Data</b>	<p>Count unduplicated new clients who receive the language translation services. If an encounter involves more than one person (e.g., family members), count each individual separately.</p> <p>Grantee collects data on clients who received translation services at clinics or emergency rooms. Logs, case management systems, etc.</p>

<b>Measure H8</b>	Number of older adults or individuals with disabilities receiving food, transportation, or other services that allow them to live independently.
<b>Definition of Key Terms</b>	<p><b>Older Adults:</b> Individuals age 65 or older.</p> <p><b>Individual with a Disability:</b> An individual who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.</p> <p><b>Receiving food, transportation, or other services:</b> Individual should receive the supports needed to maintain independent living; not all individuals will require the same supports; may include food deliveries, legal and medical services, nutrition information, transportation, etc.</p> <p><b>Live independently:</b> Individuals live in a private residence (house, apartment, mobile home, etc.) rather than in a nursing home or group home.</p>
<b>How to Calculate Measure/Collect Data</b>	<p>At the outset of the activity the grantee should indicate the “dosage,” or how many sessions, days or hours of the service are required to influence the desired outcomes. Only count clients who received some minimum “dosage” that can be expected to have some effect in terms of reducing social isolation.</p> <p>Count number of qualifying individuals as defined above who receive the service. Each individual should be counted only once. If two eligible individuals live at the same address, they should both be counted. If an eligible individual lives with someone else who is not eligible, the non-eligible individuals in the household should not be counted. Each individual should be counted only once during the program year even though most individuals are likely to need on-going support.</p> <p>Grantees need to develop a tracking system to record the number of individuals receiving companionship services.</p>

<b>Measure H9</b>	Number of older adults or individuals with disabilities who reported having increased social ties/perceived social support.
<b>Definition of Key Terms</b>	<p><b>Older Adults:</b> Individuals age 65 or older.</p> <p><b>Individual with a Disability:</b> An individual who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.</p> <p><b>Social ties/perceived social support:</b> Relationships with other people and/or the belief that these people will offer (or have offered) effective help during times of need.</p>
<b>How to Calculate Measure/Collect Data</b>	At the outset of the activity the grantee should indicate the “dosage,” or how many sessions, days or hours of the service are required to influence the desired outcomes. Only count clients who received some minimum “dosage” that can be expected to have some effect in terms of reducing social isolation.
	<p>Programs should collect data for this measure from surveys of the older adults/individuals with disabilities who received companionship services or a survey of a family member or caseworker for those unable to respond to a survey themselves.</p> <p>Grantees are encouraged to use the University of Michigan’s Health and Retirement Study Survey which is available free of charge. The link to the resource is listed below. The University of Michigan Health and Retirement Study (HRS) surveys more than 22,000 Americans over the age of 50 every two years. Supported by the National Institute on Aging (NIA U01AG009740) and the Social Security Administration, the HRS is a large-scale longitudinal project that studies the labor force participation and health transitions that individuals undergo toward the end of their work lives and in the years that follow. Health and Retirement Study data products are available without cost to researchers and analysts; certain Conditions of Use apply. Registration is required in order to download files.  HRS <a href="http://hrsonline.isr.umich.edu/index.php">http://hrsonline.isr.umich.edu/index.php</a></p> <p>See the National Service Knowledge Network, <a href="https://www.nationalserviceresources.gov/">https://www.nationalserviceresources.gov/</a>, to search for performance measurement tools that CNCS has developed for volunteer and service programs.</p>

<b>Measure H10</b>	Number of individuals receiving emergency food from food banks, food pantries, or other nonprofit organizations.
<b>Definition of Key Terms</b>	<b>Emergency food:</b> "Emergency" food assistance is not meant to designate routine help in meeting a family's needs. The emergency may be experienced by the family personally, such as their house burning down, or it may be experienced by the community more broadly, such as a natural disaster.
<b>How to Calculate Measure/Collect Data</b>	Count of unduplicated individuals for whom the distributed food is intended. Should only be counted the first time they are served.  All members of a family should be counted. For example, if the food is given to an individual to bring home to a family of "4" including the individual, then the count is "4" rather than "1".  Client tracking database or tracking form.

<b>Measure H11</b>	Number of individuals receiving support, services, education and/or referrals to alleviate long-term hunger.
<b>Definition of Key Terms</b>	<p><b>Long-term hunger:</b> refers to the USDA’s definition of “low food security” or “very low food security” See <a href="http://www.ers.usda.gov/Briefing/FoodSecurity/labels.htm#labels">http://www.ers.usda.gov/Briefing/FoodSecurity/labels.htm#labels</a></p> <p><b>Support, services, education, or referrals:</b> helps qualifying individuals access food, provides nutritional services, education and life skills to alleviate the food insecurity experienced by the individual/family. May include community garden programs.</p>
<b>How to Calculate Measure/Collect Data</b>	<p>At the outset of the activity the grantee should indicate the “dosage,” or how many sessions, days or hours of the service are required to influence the desired outcomes. Only count clients who received some minimum “dosage” that can be expected to have some effect in terms of alleviating hunger.</p>
	<p>Service requires an engagement with the individual in person, by phone, or through a web-interface. Pamphlets, brochures, or web-based information that does not involve a human interaction is not sufficient.</p> <p>Count of unduplicated individuals receiving the support, services, education or referrals as a result of the grantee’s activities. If more than one method of delivery is used (e.g., a group-level interaction followed by an individual-level interaction), count the individual only once. Only count individuals directly engaged in the service.</p> <p>Grantee client tracking database or tracking forms or logs of interactions with clients.</p>
<b>Other Notes</b>	Programs may not focus their services solely on providing referrals to Federal assistance programs.

<b>Measure H12</b>	Number of individuals that reported increased food security of themselves and their children (household food security) as a result of CNCS-supported services.
<b>Definition of Key Terms</b>	<b>Food security:</b> "Access at all times to enough food for an active, healthy life for all household members. Food security includes at a minimum: (1) the ready availability of nutritionally adequate and safe foods, and (2) an assured ability to acquire acceptable foods in socially acceptable ways (e.g., without resorting to emergency food supplies, scavenging, stealing, or other coping strategies)." USDA, <a href="http://www.ers.usda.gov/Briefing/FoodSecurity/labels.htm#labels">http://www.ers.usda.gov/Briefing/FoodSecurity/labels.htm#labels</a>
<b>How to Calculate Measure/Collect Data</b>	Data collection for H12 will be based on a survey of the adult family member who received the food services. See the National Service Knowledge Network, <a href="https://www.nationalserviceresources.gov/">https://www.nationalserviceresources.gov/</a> , to search for performance measurement tools that CNCS has developed for volunteer and service programs.
	<p>Survey questions could be modeled after those used to assess household food security for the Department of Agriculture Food and Nutrition Service. The Household Food Security Survey is administered annually as a supplement to the Monthly Current Population Survey conducted by the U.S. Census Bureau. The questionnaire includes about conditions and behaviors known to characterize households having difficulty meeting basic food needs.</p> <p>The report on Household Food Security in the United States (2007) measures the food security status of households by determining "the number of food-insecure conditions and behaviors the household reports. Households are classified as <i>food secure</i> if they report no food insecure conditions or if they report only one or two food-insecure conditions. (Food-insecure conditions are indicated by responses of "often" or "sometimes" to questions 1-3 and 11-13, "almost every month" or "some months but not every month" to questions 5, 10, and 17, and "yes" to the other questions.) They are classified as <i>food insecure</i> if they report three or more food-insecure conditions." The referenced question items can be found in the report: <a href="http://www.ers.usda.gov/Publications/ERR66/ERR66b.pdf">www.ers.usda.gov/Publications/ERR66/ERR66b.pdf</a></p> <p><b>Two different approaches to administering the survey could be used.</b></p> <p><b>(1) "Pre/post" questionnaire.</b> The same questionnaire would be administered to the adult family member at the beginning of the education/training program. The questionnaire would ask about the food security of the adults and children in the household. The same questionnaire would be administered three to six months after completion of the education/training.</p> <p><b>(2) Post-program questionnaire only.</b> Three to six months after completion of receiving the education/training, a questionnaire would be administered to the adult family member asking about a) the current level of food security of the adults and children in the household and b) their level of food security prior to receiving the service. The questions would address the same topics as those in the pre/post questionnaire but reworded to ask separately about current and prior food security.</p> <p>Survey responses can be analyzed to calculate the differences in the number and percent of respondents who reported being food insecure prior to receiving the service and after receiving the service. Each individual should be surveyed only once regardless of the number or type of different services (e.g., education/training, counseling) received during the year.</p>

## Appendix A: Understanding MSY and Member Allocations in the AmeriCorps State and National Application

### How to Calculate MSY and Member Allocations

In the performance measure module, applicants enter the total share of program resources (MSYs and members) that will be directed to each objective.<sup>1</sup> Member and MSY allocations entered in the application are understood to be the program’s best estimate of how member time will be allocated to various program objectives.

The charts below show how a sample program could calculate its MSY allocations for different member types and different percentages of member time spent per objective. In this example, the program has a total of 135 members. All members spend some time contributing to the K-12 Success objective. Only the program’s 105 full-time and half-time members contribute to the School Readiness objective.

Objective #1: K12 Success							
Type of Member	MSY Multiplier for Type	X	Number of Members for Type	X	% of Member Time for Objective	=	MSY Allocation
FT	1	X	100	X	.50	=	50
HT	.5	X	5	X	.80	=	2
RHT	.3809524	X	10	X	1.00	=	3.81
QT	.26455027	X	10	X	1.00	=	2.65
MT	.21164022	X	10	X	1.00	=	2.17
<b>Total Members</b>			<b>135</b>	<b>Total MSYs</b>			<b>60.63</b>

Objective #2: School Readiness
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<sup>1</sup> Objectives are objectives of the CNCS strategic plan. Activity that does not contribute to a strategic plan objective is categorized as “Other.”

Type of Member	MSY Multiplier for Type	X	Number of Members for Type	X	% of Member Time for Objective	=	MSY Allocation
FT	1	X	100	X	.50	=	50 MSY
HT	.5	X	5	X	.20	=	.5 MSY
RHT	.3809524	X	0	X	0	=	
QT	.26455027	X	0	X	0	=	
MT	.21164022	X	0	X	0	=	
<b>Total Members</b>			<b>105</b>		<b>Total MSYs</b>		<b>50.5</b>

## How It Looks on the MSY Tab

The program enters the total number of MSYs and members for each objective on the MSY/Members tab of the performance measures module. The system automatically calculates the percentage of MSYs allocated to each objective.

Focus Area	Objective	MSY	% of total MSY	Members
Education	School Readiness	50.50	45.41	100
Education	K-12 Success	60.63	54.68	130
Sub Total:		111.13	100.00	240
GRAND TOTAL:		111.13	100.0	240

Note: Programs that select the Find Opportunity objective (Economic Opportunity Focus Area) or the Teacher Corps objective (Education Focus Area) must enter 0 MSYs for these objectives and allocate their MSYs to other objectives. This is because the MSY allocations are designed to show how programs' resources are allocated to activities that benefit the community. The Find Opportunity and Teacher Corps objectives are focused on benefits to members.

## How It Looks in the 424 PDF

Table 1 and its corresponding pie chart show the total number of MSYs by Focus Area. Since both the K-12 Success and School Readiness objectives are in the Education Focus Area, Table 1 shows 100% of MSYs in Education.

**MSYs by Focus Area**

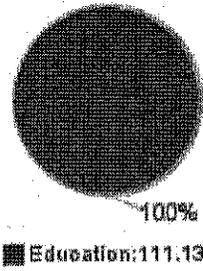


Table1: MSYs by Focus Areas

Focus Area	% MSYs
Education	100%

Table 4 in the PDF report shows the number of MSYs and members allocated to each objective, as seen on the MSY/Members tab:

Table4: No of MSY and Members by Objective

Objectives	No of MSYs	No of Members
K-12 Success	60.63	135
School Readiness	50.50	105
<b>Total</b>	<b>111.13</b>	<b>240</b>

Note that the total number of members does not accurately reflect the number of slots the program is requesting since some members are performing service in both objectives. The total number of MSYs does, however, reflect the total number of MSYs requested by the program.

Table 2 and its corresponding pie chart show the same MSY information expressed as percentages of the total MSYs:

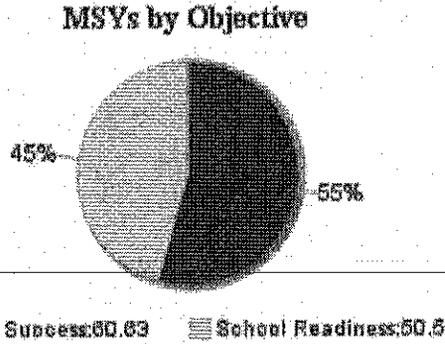


Table 2: MSYs by Objectives

Objectives	% MSYs
K-12 Success	55%
School Readiness	45%

### How To Assign MSYs to Performance Measures

When a program creates an aligned performance measure, it must indicate how many MSYs and how many members will contribute to the outcomes of the aligned measure. Based on the MSY allocations already entered for the sample program, the program may allocate no more than 60.63 MSYs to K-12 Success performance measures, and no more than 50.5 MSYs to School Readiness performance measures. However, programs are not required to measure all of their activities, so it is possible that not all of these MSYs will be allocated to performance measures.

Our sample program has three performance measures, one for the K-12 Success objective and two for the School Readiness objective.

Objective #1: K-12 Success							
Intervention	Aligned Performance Measure	Percent of K-12 Success Time Spent on Achieving PM Outcomes	X	Total MSYs in Objective	=	MSYs Allocated to Performance Measure	Percent of Total MSYs
Mentoring	ED3A, ED4A,	.75	X	60.63	=	45.47	41%

	ED27A					
Parent Engagement	No performance measure.	.25	X	60.63		NA 14%

Objective #2: School Readiness							
Intervention	Aligned Performance Measure	Percent of K-12 Success Time Spent on Achieving PM Outcomes	X	Total MSYs in Objective	=	MSYs Allocated to Performance Measure	Percent of Total MSYs
Tutoring 1:1	ED20, ED21, ED23	.75	X	50.5	=	37.88	34%
Parent Engagement	Applicant-Determined Measure	.25	X	50.5	=	12.62	11%

Note: Any aligned performance measure that has member outcomes rather than beneficiary outcomes should have an MSY allocation of 0 members since MSY allocations are designed to show how programs' resources are allocated to achieving beneficiary outcomes.

**How It Looks in the 424 PDF**

Table 3 and its corresponding pie chart in the 424 PDF report shows the percentage of MSYs allocated to National Performance Measures, applicant-determined performance measures, or to no performance measures. As seen in the table above, the program has two National Performance Measures (ED3A/4A/27A and ED20/21/23), accounting for 75% of total MSYs. The program has one applicant-determined measure, and a small percentage of program activity is not being measured.

**% of MSY NPM VS Applicant VS Not in ANY**

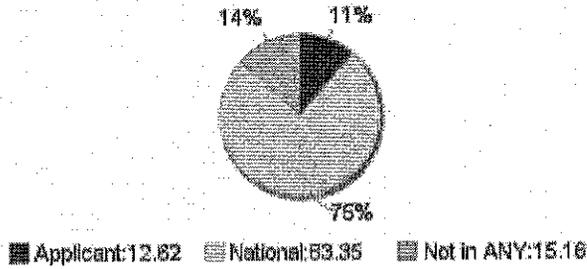


Table 3: %MSYs by NPM vs, Applicant vs, Not in ANY

	NPM	Applicant	Not in ANY
	75%	11%	14%

CNCS requires all applicants to have one aligned performance measure for the primary intervention. Applicants may have additional aligned measures provided that they measure significant programmatic activities. There is no expectation that 100% of program activity would be allocated to National Performance Measures, or to any performance measures at all.

## Appendix B: Performance Measures Checklist

This checklist is used to assess performance measures during the review process. Items on the checklist are common problems that require clarification. The checklist is not a comprehensive list of all performance measure items that may require clarification. Refer to the Performance Measure Instructions and NOFO FAQs for full requirements.

<b>Alignment with Narrative/EOC</b>
Focus areas, objectives, interventions, outputs and outcomes are consistent with the application narrative, logic model and theory of change.
<b>Interventions</b>
The interventions selected contribute directly to the outputs and outcomes.
Interventions are not repeated in multiple aligned performance measures.
<b>Dosage</b>
The dosage (frequency, intensity, duration of intervention) is described and is sufficient to achieve outcomes.
<b>Resource Allocation</b>
MSY and member allocation charts are consistent with the member activities/time spent on member activities described in the application narrative.
MSY allocations for performance measures are reasonable. (If it is clear that not all interventions are being measured, then 100% of MSYs should not be allocated to performance measures. CNCS expects an accurate estimate of MSYs that will lead to performance measure outcomes and does not require applicants to measure 100% of program activity or to allocate a certain percentage of activity to National Performance Measures.)
MSYs are zero for Teacher Corps (ED12, ED13, ED14, ED17, ED18, ED19) and Member Development (O12, O13, O14, O15, O16, O17) performance measures and any other performance measures that measure member outcomes rather than beneficiary outcomes (EN2, EN2.1, V2, V10).
<b>Selection Rules/Performance Measure Instructions</b>
Unless the applicant is a continuation, no retired measures (e.g., measures marked deleted or not appearing in the 2015 Performance Measures Instructions) have been selected.
The applicant has at least 1 aligned performance measure for the primary intervention.

National Performance Measures conform to selection rules, definitions and data collection requirements specified in the Performance Measure Instructions. (Compliance with definitions and data collection requirements must be clearly explained in the performance measure text boxes or must be clarified.)

Individuals counted in National Performance Measures meet definition of "economically disadvantaged" in the Performance Measure Instructions. (Note: Definitions are different for different performance measures.)

It is clear that beneficiaries are not double-counted in an aligned performance measure.

National Performance Measures count beneficiaries, not AmeriCorps members, unless the measure specifies that national service participants are to be counted.

The population counted in each National Performance Measure is the population specified in the Performance Measure Instructions.

Capacity Building interventions meet the CNCS definition of capacity-building in the Performance Measure Instructions.

Member development measures (O12, O13, O14, O15, O16, O17) have a 30-day timeline, not the previously acceptable 90-day timeline.

Applicant is not using applicant-determined member development or volunteer generation measures that are the same or similar to National Performance Measures or Grantee Progress Report demographic indicators (e.g., number of volunteers.)

Member development measures (O12, O13, O14, O15, O16, O17) or volunteer generation measures (G3-3.1, G3-3.2, G3-3.3) are only present if these activities are the primary focus of the program or a significant component of the program's theory of change.

#### Education Selection Rules/Performance Measure Instructions

Completion is defined for education outputs measuring completion. (ED2, ED4A, ED21, ED32).

Note: Dosage and completion are not necessarily the same. The applicant must specify the minimum dosage necessary to be counted as having completed the program, which may or may not be the same dosage specified in the intervention description.

ED1/ED2 and ED3A/ED4A are not used in the same aligned PM.

The mentoring intervention is selected for ED3A/ED4A, and no other interventions are selected for ED3A/ED4A. Mentoring is not selected as an intervention in any education measures other than ED3A/ED4A.

The mentoring dosage meets the dosage requirements described in the Performance Measure Instructions for ED3A/ED4A.

It is clear that the proposed standardized test for ED5 and/or ED30 meets the definition in the Performance Measure Instructions.

If the state standardized test is proposed to measure ED5 and/or ED30, a justification is provided as directed in the Performance Measure Instructions. (Note: Request must be approved by CNCS.)

If the applicant is measuring multiple subjects under ED5 and/or ED30, it is clear whether/how much students must improve in reading, math or both subjects in order to be counted.

For ED27A or ED27B, the applicant specifies which dimension(s) of academic engagement described in the Performance Measure Instructions will be measured.

**Alignment & Quality**

Applicant-determined outputs and outcomes are aligned correctly.

Outputs and outcomes clearly identify what is counted.

Each output or outcome counts only one thing (except certain National Performance Measures).

Outcomes clearly identify a change in knowledge, attitude, behavior or condition. (Counts that do not measure a change are outputs and must be labeled as such.)

Outcomes clearly specify the level of improvement necessary to be counted as "improved" and it is clear why this level of improvement is significant for the beneficiary population served.

Outcomes count individual level gains, not average gains for the population served.

Outcomes measure meaningful/significant changes and are aligned with the applicant's theory of change. (Note: Outcomes that do not measure significant changes in knowledge, attitude, behavior or condition should be revised. If the applicant is not able to propose a meaningful outcome, the aligned performance measure should be removed. CNCS prefers that applicants measure a small number of meaningful outcomes rather than a large number of outputs paired with insignificant outcomes.)

Outcomes can be measured during a single grant year.

**Data Collection/Instruments**

Data collection methods are appropriate.

Instruments are likely to yield high quality data.

The instrument, and what it measures, is clearly described.

If the Performance Measure Instructions specify the instrument to be used, the applicant is using that instrument (e.g., pre/post test).

The instrument measures the change specified in the outcome. (For example, if the outcome is a change in knowledge, the proposed instrument measures a change in knowledge, not a change in attitude.)
Output instruments are sufficient to count all beneficiaries served and to ensure that individuals are not double-counted.
Outcome instruments will be administered to all beneficiaries receiving the intervention or completing the program. (Note, competitive grantees may propose a sampling plan for CNCS approval if this is not the case. Formula grantees are not permitted to sample.)
<b>Pre/Post Test</b>
If using a pre/post test to measure knowledge gains from training activities, it is clear how the pre/post test is connected to the learning objectives of the training.
The timeline for administering the pre/post test is clear.
If a pre/post test is required by the Performance Measure Instructions, the instrument described is a pre/post test.
The applicant can successfully match pre-test data with post-test data at the individual level. The same instrument must be used for the pre-test and the post-test.
<b>Targets</b>
Target values appear ambitious but realistic/It is clear how targets were set.
Outcome targets are smaller than output targets, with some exceptions (i.e., capacity-building National Performance Measures). Note: In some cases it may be appropriate for the outcome target to be equal to the output target.
The output and outcome targets are reasonably proportional. Note: What constitutes reasonably proportional may depend on what is being counted, how and when.
<b>Unit of Measure</b>
The unit of measure is not AmeriCorps members except in National Performance Measures that count national service participants.
The unit of measure is consistent for all outputs or outcomes in the PM unless otherwise specified in the Performance Measure Instructions.
The unit of measure is not hours.
The unit of measure is a number, not a percent.
<b>Sampling</b>

If sampling is proposed, the targets represent the total for the population being served, not just the sample. (Note: Formula grantees are not permitted to sample.)

If sampling is proposed, the sampling plan is forwarded to CNCS for consideration. (Note: Formula grantees are not permitted to sample.)

Misc

The applicant has not opted into National Performance Measures but has the potential to do so. (In this case, clarify why the applicant has not opted into National Performance Measures and, if applicable, direct them to select appropriate National Performance Measures.)

The applicant has not created applicant-determined measures that are identical to National Performance Measures. (Note: This is a common problem that occurs when applicants have not selected the correct objective. Applicants must review the selection rules and choose the correct objectives or the corresponding performance measures will not be available for selection. Applicant-determined measures are recognizable by the labels OUTPT or OUTCM, followed by numbers. Any applications containing these labels are NOT National Performance Measures, even if the applicant has labeled them with the number of a national measure.)