

SHIP Resource Report Form

Report period: April 1, 20XX through March 31, 20XX

YOUR
AGENCY
NAME HERE

Fields highlighted with the same color are related.

Section 1 - NUMBER OF ACTIVE COUNSELORS AND HOURS

A. <u>Number</u> of Volunteer Counselors (hours go on Line 9)	
B. <u>Number</u> of SHIBA-Paid Counselors (hours go on Line 10)	
C. <u>Number</u> of In-kind Paid Counselors (hours go on Line 11)	
Total Number of Counselors	0
D. Volunteer Counselor <u>Hours</u>	
E. SHIBA-Paid Counselor <u>Hours</u>	
F. In-kind Paid Counselor <u>Hours</u>	
Total Number of Counselors Hours	0

Note: Number of persons currently working or volunteering for a SHIP may be counted more than once since some coordinators or staff also provide counseling

NOTE: Lines 5, 6 & 7, (Secs 1A, 1B & 1C) are directly related to Lines 9 & 10 & 11, (Secs 1D, 1E & 1F)

Section 2 - NUMBER OF LOCAL COORDINATORS/SPONSORS AND HOURS

A. <u>Number</u> of Volunteer (unpaid) Coordinators (hours go on Line 18)	
B. <u>Number</u> of SHIBA-Paid Coordinators (hours go on Line 19)	
C. <u>Number</u> of In-kind Paid Coordinators (hours go on Line 20)	
Total Number of Coordinators	0
D. Volunteer (unpaid) Coordinator <u>Hours</u>	
E. SHIBA-Paid Coordinator <u>Hours</u>	
F. In-kind Paid Coordinator <u>Hours</u>	
Total Number of Coordinators Hours	0

Coordinators may also counsel clients, and so may be included in both the number of counselors AND in the number of coordinators. However, please separate counseling hours from coordinator hours if possible.

In-kind Counselors provide SHIBA counseling during the reporting period AND were registered SHIBA counselors who have signed some type of agreement, AND received compensation for their time & services from a program other than SHIBA.

Section 3 - NUMBER OF OTHER PAID STAFF AND HOURS

A. <u>Number</u> of Volunteer "Other" Staff (hours go on Line 27)	
B. <u>Number</u> of SHIBA-Paid Other Staff (hours go on Line 28)	
C. <u>Number</u> In-kind Paid Other Staff (hours go on Line 29)	
Total Number of Other Staff	0
D. Volunteer Other Staff <u>Hours</u>	
E. SHIBA-Paid Other Staff <u>Hours</u>	
F. In-kind Paid Other Staff <u>Hours</u>	
Total Number of Other Staff Hours	0

This section is to capture the staff in your organization that provide **support services** (not counseling) that may or may not be paid by SHIBA grant funds.

Section 4 - COUNSELOR TRAININGS

A. <u>Number</u> of Initial Training(s) for New SHIBA Counselors	
B. <u>Number</u> of New SHIP Counselors attending Initial Training(s)	
C. <u>Total Number</u> of Counselor <u>Hours</u> in Initial Training(s)	
D. <u>Number</u> of Update Training(s) for all SHIBA Counselors	
E. <u>Number</u> of SHIBA Counselors attending Update Training(s)	
F. <u>Total Number</u> of Counselor <u>Hours</u> in Update Training(s)	

This data is about the **number of training experiences** provided for all counselors whether volunteer, SHIP-paid OR in-kind, the **number of attendees** at new volunteer and update trainings, and the **hours spent** in training for both NEW counselors (A,B & C) and experienced counselors (D, E & F).

Section 5 - NUMBER OF ACTIVE COUNSELORS WITH THE FOLLOWING CHARACTERISTICS

A. Years of SHIP service

Less than 1 year	<input type="text"/>
1 yr up to 3 yrs	<input type="text"/>
3 yrs up to 5 yrs	<input type="text"/>
More than 5 yrs	<input type="text"/>
Total	<input type="text" value="0"/>

B. Age

Less than 65 years of age	<input type="text"/>
65 years or older	<input type="text"/>
Total	<input type="text" value="0"/>

C. Gender

Female	<input type="text"/>
Male	<input type="text"/>
Total	<input type="text" value="0"/>

D. Disability status

Disabled	<input type="text"/>
Not disabled	<input type="text"/>
Total	<input type="text" value="0"/>

E. Race/Ethnicity

Hispanic, Latino or Spanish Origin	<input type="text"/>
White, Not of Hispanic origin	<input type="text"/>
Black, African-American	<input type="text"/>
American Indian or Alaska Native	<input type="text"/>
Asian Indian	<input type="text"/>
Chinese	<input type="text"/>
Filipino	<input type="text"/>
Japanese	<input type="text"/>
Korean	<input type="text"/>
Vietnamese	<input type="text"/>
Native Hawaiian	<input type="text"/>
Guamanian or Chamorro	<input type="text"/>
Samoan	<input type="text"/>
Other Asian	<input type="text"/>
Other Pacific Islander	<input type="text"/>
Some Other Race - Ethnicity	<input type="text"/>
More than One Race - Ethnicity	<input type="text"/>
Total	<input type="text" value="0"/>

F. Counselor Speaks Another Language

Language Other than English	<input type="text"/>
English Speaker Only	<input type="text"/>

The total in each sub-section 5A-F must equal the same total number of counselors reported in Section 1.