ATTACHMENT 3

DESIGN DOCUMENT

Form: Approved OMB No.: 0920-XXXX Exp. Date: xx/xx/xxxx

REACH US Management Information System Design Document

Public reporting burden of this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-XXXX)

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The Centers for Disease Control and Prevention began working with Northrop Grumman to customize an internet-based application to facilitate their efforts with Racial and Ethnic Approaches to Community Health across the U.S. (REACH US) grantees (the users). This design document guides the development of the customized REACH Management Information System (REACH MIS).

This design document begins by articulating the goals of the web-based application, discussing the anticipated user experience, and outlining the site contents.

1. Goals

 The purpose of the REACH MIS is to provide an Internet-based data warehousing application that will enable REACH US grantees to document and organize their activities related to their organization and community efforts.

The primary goals of REACH MIS include the following:

- Provide data entry, storage, management, retrieval, and reporting and interactive graphing functions of qualitative and quantitative data.
- Document and systematize activities related to organizational and community efforts.
- Capture qualitative and quantitative information and data about a coalition's actions and interventions, targeted indicators of change, and indicator data tracking.
- Track indictor data related to change among influential individuals or groups.
- Monitor public health indicator outcomes related to each coalition's identified health priority area.
- Facilitate internal and cross-coalition learning, including information sharing.
- Produce reports about grantee activities following CDC prescribed formats.
- Allow grantee to produce reports following custom formats for their own purposes.

2. User Experience

2.1 Audience and Users

Three primary audience segments will use and benefit from the REACH MIS.

<u>CDC Project Officer and Program Consultants</u>. The interests of this audience segment include monitoring the grant-related activities of the users; evaluating the extent of system use; evaluating the efficacy of providing a web-based data warehousing tool for effective capacity building, targeted actions, and community and systems changes and change among change agents; widespread change in risk/protective behavior; and analyzing aggregate data to assess and monitor grantee activity effectiveness for reducing health disparities.

<u>Grantee Coalitions</u>. This broad audience segment contains several likely types of end users, including project directors, evaluators, principal investigators, project staff, and

interested members of the grantee communities. Each of the first three types of users in this segment can be further differentiated as those who are likely to frequently use the system for data entry, activity monitoring, and/or reporting versus those who are most likely interested in occasional browsing through the system.

Others. There are potentially other audience segments, including other federal and State grant making administrators and officials who may look to CDC for insight regarding the use of web-based tools for grantee monitoring, reporting, training, and technical assistance. There may be other community members who are interested in CDC activities or whose interest stems from concern regarding health disparities. Users from these segments typically will require an experience similar to interested community members. That is, read-only access to the system will be necessary for certain public areas and editing access will not be available usually.

2.2 Functional Requirements

The site provides the following functional requirements:

- Allow users to enter and retrieve narrative (i.e., qualitative) data related to activity processes.
- Allow users to enter and retrieve statistical (i.e., quantitative) data related to activity process.
- Allow users to interrelate qualitative and quantitative data related to a single activity.
- Allow users to relate qualitative and quantitative data across multiple activities.
- Display data in textual, tabular, and graphic formats.
- Incorporate quality control checks and validation processes at the time of data entry.
- Incorporate quality control checks and validation processes for contractor and client review and follow-up.
- Various levels of security allowing users control of which users to provide readonly, read and write, or no access (public or private).
- File upload and storage capability for word processing, graphic, and spreadsheet files, but excluding executable program files, to a file library shared within grantee organization.
- Ability to attach previously uploaded files from the grantee library to various places within the system.

3. Site Content

3.1 General Information: Contact Information

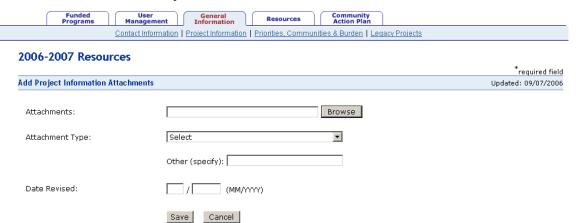
Edit Contact Information Updated: 09/07/2006

Organization Name:		
* Project Name:		
Grantee Number:		
Announcement Number:		
DUNS Number:		
* Telephone:	ext.	
FAX:	ext.	
Website:		
Mailing Address		
* Address Line 1:		
Address Line 2:		
* City, State Zip:	Select	-
Shipping Address		
* Address Line 1:		
Address Line 2:		
* City, State Zip:	Select	-
	Save Cancel	
	Save	

3.2 General Information: Project Information

2006-2007 General Information *required field Add Project Information Updated: 09/07/2006 * Intervention Level: Select • * Program Consultant: Select **T** (2500 characters/approximately 500 words) * Project Abstract: ۸ * Theory Used: ☐ Community Based Participatory Approaches ☐ Socio-ecological Model ☐ Health Belief Model ☐ Trans-theoretical Model ☐ Social-cognitive Theory ☐ Other (specify): ☐ * Level of Change: Select Save Cancel

3.3 General Information: Project Information Attachments



3.4 General Information: Priorities, Communities and Burden

2006-2007 General Information

Add Priorities, Communities & Burden

*required field

Updated: 09/07/2006

* Health Priority Areas: $\ \square$ Adult/elderly immunization and other infectious diseases (including hepatitis B and tuberculosis) ☐ Breast and cervical cancer ☐ Cardiovascular disease \square Diabetes mellitus ☐ Infant mortality ☐ Mental health ☐ Other (specify): * Race/Ethnicity Focus: Ethnicity: Select Race: Select -Add (select up to four combinations) **Ethnicity** Race 1. (Selected Race) (Selected Ethnicity) <u>Delete</u> 2. (Selected Race) (Selected Ethnicity) <u>Delete</u> (100 characters/approximately 20 words) Population Focus Justification: (If more than one race/ethnicity focus is selected) Income: * Socio-Economic Status: ☐ Less than \$15,000 \$35,000-49,999 □ \$15,000-24,999 □ \$50,000+ □ \$25,000-34,999 Employment: ☐ Homemaker ☐ Employed ☐ Self Employed ☐ Student ☐ Retired \square No work > 1 year ☐ No work < 1 year ☐ Unable to work Education: \square Less than High School ☐ Some post High School ☐ High School or GED ☐ College + * Geographic Location: Region 1 - Boston 🗖 Region 6 - Dallas Region 2 - New York Region 7 - Kansas City Region 3 - Philadelphia Region 8 - Denver Region 4 - Atlanta Region 9 - San Francisco Region 5 - Chicago Region 10 - Seattle * Location of Community: Select * Size of Community: Select

General Information: Priorities, Communities and Burden (Continued)

Size of Community:	Select	▼	
Age Range of Target Population:	Select	¥	
Evidence of Disease Burden within Population(s) of Focus:	(2500 characters/	approximately 500 words)	<u>*</u>
f Strategy for Improving Disparity: (describe each strategy selected)	Social (expla	ain) approximately 500 words)	A
			×
	☐ Economic (e: (2500 characters/	xplain) 'approximately 500 words)	_
			<u> </u>
	☐ Cultural (exp (2500 characters/	olain) Yapproximately 500 words)	M
			Ā
	☐ Health (expl (2500 characters/	ain) 'approximately 500 words)	
			_
	☐ Physical (exp	plain) Yapproximately 500 words)	V
	(2500 Grandeters)	approximately coo wordsy	<u> </u>
	Political (exp	olain) 'approximately 500 words)	
			A

Save Cancel

3.5 General Information: Legacy Projects

	Funded Programs	User Managemen	General Information	Resources	Communit Action Pla	y n		
		Contact Informa	ation Project Informatio	n <u>Priorities, Com</u> r	munities & Burden	Legacy Projects		
2006-	2007 Genera	al Informa	tion				* red	quired field
Add Leg	acy Project Inform	nation					Updated: 0	9/07/2006
	nization Name: ng Amount:							
* Contr	ibutions to CEED	:	(2500 characters/app	oximately 500 wor	ds)		V	

3.6 Resources: Staff

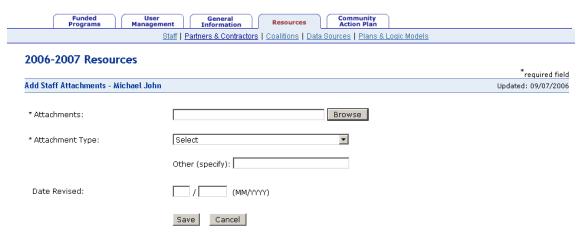
2006-2007 Resources

		*required field
Add Staff Information		Updated: 09/07/200
* First Name:		
riistivaille.		
Middle Name:		
* Last Name:		
* Credentials:	E	E
Credericals.	Associate Degree (AA or AS)	☐ Medical Doctor (MD)
	☐ Baccalaureate (BA, BS)	☐ Pharmacist (RPh)
	Certified Diabetes Educator (CDE)	Registered Dietitian (RD)
	Certified Health Education Specialist (CHES)	Registered Nurse (RN)
	Doctorate (DrPh, PhD)	Social Worker (BSW, MSW)
	☐ High School Diploma/GED	Other (specify):
	☐ Masters (MPH, MS, MA)	
* Address same as project mailing address:	C Yes C No	
* Address Line 1:		
Address Line 2:		
* City, State Zip:	Select	-
* Telephone:	ext.	
FAX:	ext.	
E-mail:		
* Status:	C Active C Inactive	
* Primary Role:	Select	
* FTE Level:	C Full time C Part Time	
Percent of FTE Allocated to Project:	%	
* Employment Type:	Select	
What sources fund this staff	☐ CDC Asthma dollars	☐ CDC WISEWOMAN dollars
member's salary:	CDC Cancer dollars	☐ HRSA health disparity dollars
	CDC Cardiovascular Health dollars	☐ In Kind
	CDC Diabetes dollars	□ Local dollars
	CDC Diabetes dollars CDC HIV/AIDS, Viral Hepatitis, STD and	☐ NIH health disparity dollars
	Tuberculosis dollars	
	CDC Immunization dollars	☐ Non-profit/philanthropy dollars —
	CDC Mental health dollars?	☐ State dollars —
	CDC Prevention Research Center dollars	Other CDC dollars
	CDC REACH dollars	Other federal dollars
	CDC Steps to a Healthier US dollars	☐ Other (specify):
Community Action Plan Involveme	nt	
Activity Title	Status	Timetine
Activity Title	status	rimeune

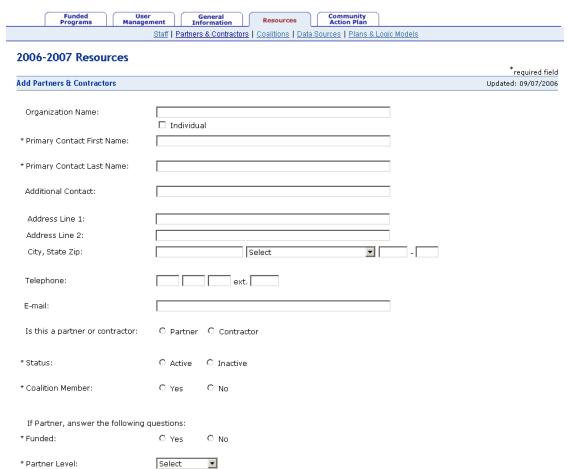
No information entered

Save Cancel

3.7 Resources: Staff Attachments



3.8 Resources: Partners and Contractors



Resources: Partners and Contractors (Continued)

Partner Type:	Minority Serving Organization	Environmental organization
(select up to three)	☐ Native American tribe	
	 Tribal organization 	☐ Faith-based organization
		☐ Foundation
	\square Person affected by health priority	
	☐ College and/or university	☐ Drug and/or alcohol organization
	☐ Private and/or public school (K-12)	☐ Tobacco control organization
	☐ Advocacy group	☐ Military
	 Civic or social organization 	☐ Law Enforcement
	\square Community based organization	
	Community representative	Community health center
	 Nonprofit organization 	Counselor or social worker
	 Volunteer organization 	 Dental organization
		\square Health care organization
	Senior/adult serving organization	☐ Health department
	\square Youth serving organization	\square Hospital or health system
		☐ Indian Health Service
	☐ Elected official	☐ Insurer
	☐ Government agency	Managed care organization
		Medical society or association
	Business, corporation or industry	☐ Pharmaceutical company
	☐ Marketing organization	☐ Primary care provider
	☐ Media or public relations	Public health official
	Small business or merchant	 Quality improvement organization
		☐ Specialty physician group
	☐ Peer review organization	
	☐ Prevention research center	Other (specify):
	☐ Professional association or organization	· · · · · · · · · · · · · · · · · · ·
	☐ Research organization	

Resources: Partners and Contractors (Continued) * Contributions: $\ \square$ Access to partner's network ☐ Media ☐ Personnel ☐ Conference sponsor ☐ Consultation $\ \square$ Supplies & equipment ☐ Data Analysis ☐ Training or education ☐ Epidemiology ☐ Travel assistance \square Visibility (credibility) ☐ Evaluation ☐ Hard Dollars ☐ Other (specify): (2500 characters/approximately 500 words) Comments: **Community Action Plan Involvement Activity Title** Status Timeline No information entered Save Cancel 3.9 Resources: Partners and Contractors Attachments User General Information Resources Staff | Partners & Contractors | Coalitions | Data Sources | Plans & Logic Models 2006-2007 Resources *required field Updated: 09/07/2006 Add Partners & Contractors Attachments - Test

* Attachments:

* Attachment Type:

* Date Revised:

Select

Other (specify):

/ (MM/YYYY)

Save Cancel

Browse

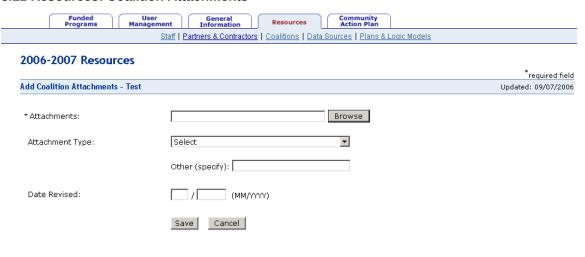
3.10 Resources: Coalitions

Funded User General Programs Management Information Resources Community Action Plan			
	Staff Partners & Contractors Coalitions [Data Sources Plans & Logic Models	
2006-2007 Resources			
Add Coalition Information		*required field Updated: 09/07/2006	
* Coalition Name:			
* Meeting Frequency:	Select		
* Total Number of Members:			
* Ethnic Composition: (enter number)	Hispanic	Non-Hispanic	
* Racial Composition: (enter number)	Black or African American Asian	American Indian or Alaskan Native Native Hawaiin or other Pacific Highlander	
	White		
* Coalition Members:	☐ Partner 1 ☐ Partner 2 ☐ Partner 3		
	□ Partner 4		
	☐ Partner 5	V	
		_	
	or		
	Add Partner		
Coalition Member Type: (select up to three)	☐ Minority Serving Organization	☐ Environmental organization	
	 □ Native American tribe □ Tribal organization 	☐ Faith-based organization	
	III IIIbai bi gailizadoil	☐ Foundation	
	Person affected by health priorit	у	
	☐ College and/or university	☐ Drug and/or alcohol organization	
	☐ Private and/or public school (K-1		
	☐ Advocacy group	☐ Military	
	Civic or social organization	☐ Law Enforcement	
	Community based organization		
	☐ Community representative	☐ Community health center	
	□ Nonprofit organization	Counselor or social worker	
	□ Volunteer organization	☐ Dental organization	
		 Health care organization 	
	Senior/adult serving organization	n 🗆 Health department	
	\square Youth serving organization	☐ Hospital or health system	
		☐ Indian Health Service	
	☐ Elected official	□ Insurer	
	☐ Government agency	☐ Managed care organization ☐ Medical society or association	
	□ Business corporation or industri	•	
	 ☐ Business, corporation or industry ☐ Marketing organization 	y □ Pnarmaceutical company □ Primary care provider	
	Media or public relations	Public health official	
	Small business or merchant	Quality improvement organization	
	_ Sman basiness of merdialit	Specialty physician group	
	Peer review organization		
	Prevention research center	Other (specify):	
	 Professional association or organ 	nization	
	Research organization		
Community Action Plan Involv	ement		
Activity Title	Status	Timeline	

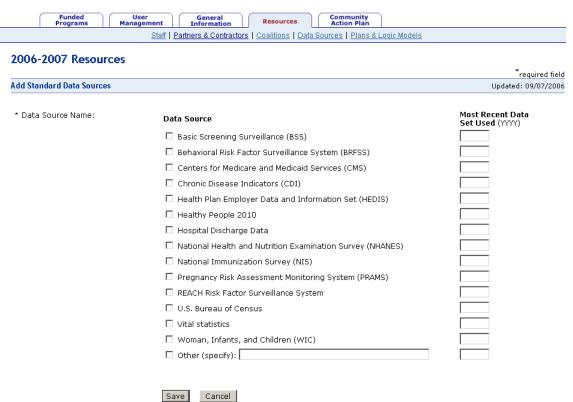
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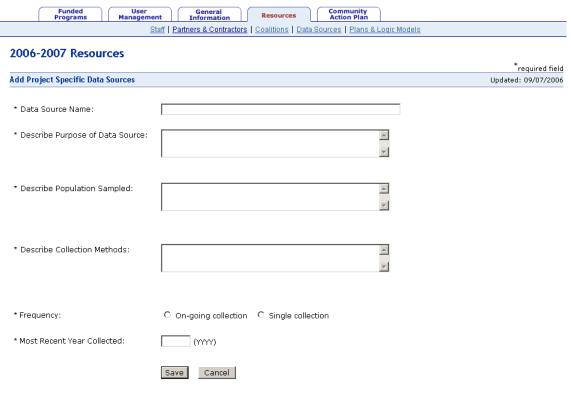
3.11 Resources: Coalition Attachments



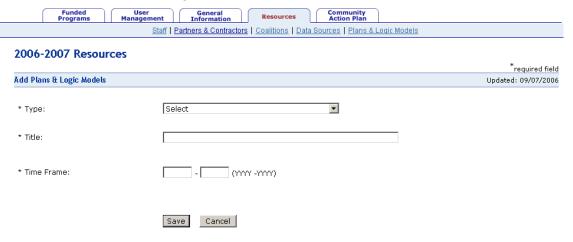
3.12 Resources: Standard Data Sources



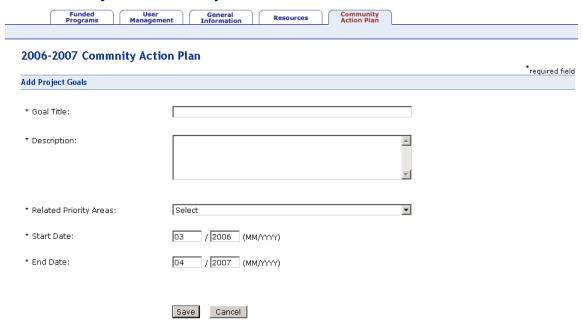
3.13 Resources: Project Specific Data Sources



3.14 Resources: Plans and Logic Models



3.15 Community Action Plan: Project Goals



3.16 Community Action Plan: Outcome Objectives

Funded User Programs Manageme	General Resources Community Action Plan	
2006-2007 Commnity Action	Dian	
	ni rtan	*required fiel
Add Outcome Objectives		
Specific		<u>View Objective Histor</u>
* Objective Title:	×	
* Description:	(2500 characters/approximately 500 words)	
* Status:	Select ▼	
* Is this Objective an Intervention:	€ Yes C No	
Measurable		
Direction of change:	C Increase C Decrease	
Unit of Measurement:	Select ▼	
What will be Measured?:	× v'	
* Baseline:	☐ Baseline Unknown	
* Target:		
* Data Source for measuring Target:	Select	
If baseline is unknown, explain how it will be determined:		
	V	
If Data Source is "None", explain how the objective will be measured:	X	

Community Action Plan: Outcome Objectives (Continued)

* Target Population:		Race	Ethnicity	Age	Gender	
	1.	(Selected Race)	(Selected Ethnicity)	Select 🔻	Select 🔻	
	2.	(Selected Race)	(Selected Ethnicity)	Select 💌	Select 🔻	
* Related High Priority Area:		Cancer	_			
		Diabetes				
		Asthma				
		Tuberculosis & Hepatitis B				
		Infant Mortality	▼			
* Related Healthy People 2010:	Cli	nical Preventive Care				
	-	1-1 Increase the proportion				
		1-2 (Developmental) Increas services.	e the proportion of in	sured persons with cove	rage for clinical preventive	
		1-3(a-g) Increase the propor	tion of persons appro	opriately counseled abou	t health behaviors.	
	Pri	mary Care				
		1-4 (a-c) Increase the propor	tion of persons who	have a specific source of	ongoing care.	
		1-5 Increase the proportion	of persons with a usu	al primary care provider		
		1-6 Reduce the proportion of do not receive needed care f			in obtaining health care or	
		1-7 (Developmental) Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention				
		1-8 (a-t) In the health profes field, increase the proportion ethnic groups.	sions, allied and ass	ociated health profession	fields, and the nursing represented racial and	
		1-9 (a-c) Reduce hospitalizat asthma, uncontrolled diabete				
		1-10 (Developmental) Reduction (Developmental) Reduction (Developmental)	e the proportion of pe	ersons who delay or have	e difficulty in getting	
	Phy	ysical Activity				
		22-1 Reduce the proportion (leisure-time physical activity.	of adults who engage	in no		
		Increase the proportion of action at least 30 minutes per d		gularly, preferably daily, in	n moderate physical activity	
		Increase the proportion of ac development and maintenan minutes per occasion.	dults who engage in			
		Increase the proportion of a strength and endurance.	dults who perform ph	ysical activities that enha	ance and maintain muscular	
		Increase the proportion of a	dults who perform ph	ysical activities that enha	ance and maintain flexibility	
		Increase the proportion of a minutes on 5 or more of the		ge in moderate physical a	activity for at least 30	
		Increase the proportion of a cardiorespiratory fitness 3 or				
		Increase the proportion of the education for all students.	e Nation's public and	private schools that req	uire daily physical	
		Increase the proportion of a	dolescents who partic	ipate in daily school phys	sical education.	
		Increase the proportion of acclass time being physically ac		d at least 50 percent of s	chool physical education	
		Increase the proportion of a	dolescents who view	television 2 or fewer hou	rs on a school day.	
		(Developmental) Increase th access to their physical activi outside of normal school hou summer and other vacations	ty spaces and facilitie rs (that is, before an	s for all persons		
		Increase the proportion of w programs.	orksites offering emp	loyer-sponsored physical	activity and fitness	
		Increase the proportion of tr	ins made hy walking.			

 $\hfill \square$ Increase the proportion of trips made by bicycling.

Community Action Plan: Outcome Objectives (Continued)

(Select up to two. Describe why each strategy was selected as an approach to the objective.)

Tobacco Use ☐ 27-1a Reduce cigarette smoking by adults 27-2 Reduce tobacco use by adolescents (in grades 9-12) ☐ 27-2b Reduce use of cigarettes (past month) 27-2c Reduce use of spit tobacco (past month) ☐ 27-2d Reduce use of cigars (past month) 27-3 (Developmental) Reduce the initiation of tobacco use among children and adolescents. 27-4 Increase the average age of first use of tobacco products by adolescents and young adults. ☐ 27-5 Increase smoking cessation attempts by adult smokers 27-6 Increase smoking cessation during pregnancy $\hfill\square$ 27-7 Increase tobacco use cessation during attempts by adolescents. $\ \ \, \square$ 27-8 Increase insurance coverage of evidence-based treatment for nicotine dependency \square 27-9 Reduce the proportion of children who are regularly exposed to tobacco smoke at home. ☐ 27-10 Reduce the proportion of nonsmokers exposed to environmental tobacco smoke 27-11 Increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events $\hfill \Box$ 27-12 Increase the proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas. 27-13 Establish laws on smoke-free indoor air that prohibits smoking or limit it to separately ventilated areas in public places and worksites $\hfill \Box$ 27-14 Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors. $\hfill \Box$ 27-15(Developmental) Eliminate tobacco advertising and promotions that influence adolescents and young adults 27-18 (Developmental) Increase the number of Tribes, Territories, and States and the District of Columbia with comprehensive, evidence-based tobacco control program. ☐ 27-21 Increase the average Federal and State tax on tobacco products ☐ 3-1 Reduce the overall cancer rate ☐ 3-3 Reduce the breast cancer death rate. 3-4 Reduce the death rate from cancer of the uterine cervix. ☐ 3-Il Increase in Pap testing $\hfill \Box$ 3-13 Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years. 3-14 Increase the number of States that have a statewide population-based cancer registry that captures case information on at least 95 percent of the expected number of reportable cancers. 3-15 Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis ☐ Policy Change (2500 characters / approximately 500 words) ۸ Systems Change (2500 characters / approximately 500 words) ۸ ☐ Environmental Change (2500 characters / approximately 500 words)

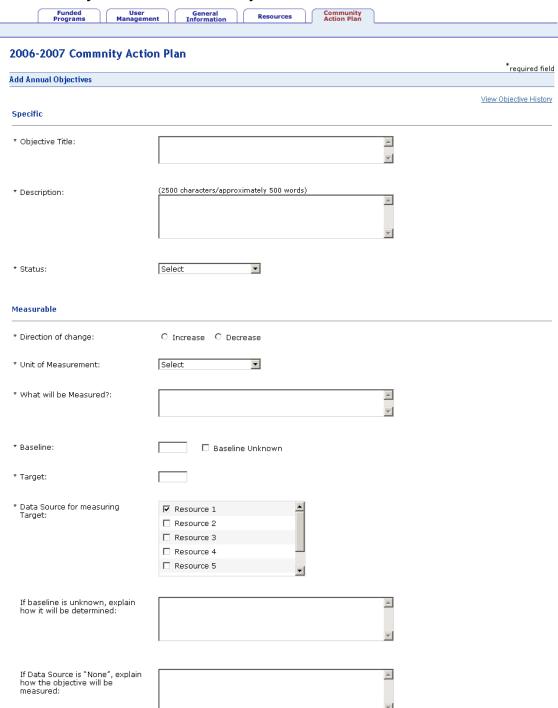
Δ

(2500 characters / approximately 500 words)

Community Action Plan: Outcome Objectives (Continued)

	Communication (2500 characters / approximately 500 words)
	¥
Identify the evidence based approaches used for this intervention:	(2500 characters / approximately 500 words)
* Level of Socio-ecologic Model Addressed:	Select <u>▼</u>
Time Bound	
* Start Date:	/ (MM/YYYY)
* End Date:	/ (MM/ YYYY)
Objective Revisions	
Explain Objective Revisions (required if start date is delayed, end date is extended, status is deferred or cancel, or if the target is changed):	(500 characters / approximately 100 words)
	Save Cancel

3.17 Community Action Plan: Annual Objectives



Community Action Plan: Annual Objectives (Continued)

Relevant

* Target Population:	Race	Ethnicity	Geography	Setting	
	1. (Selected Race)	(Selected Ethnicity)	Select	Select	▼
	2. (Selected Race)	(Selected Ethnicity)	Select	▼ Select	v
* Population Comment:			<u>A</u>		
Time Bound					
* Start Date:	/ (MM/ YYYY)				
* End Date:	/ (MM/ YYYY)				
Objective Revisions					
Explain Objective Revisions (required if start date is delayed, end date is extended, status is deferred or cancel, or if the target is changed):	(2500 characters / approximately	500 words)	×		
	Save Cancel				

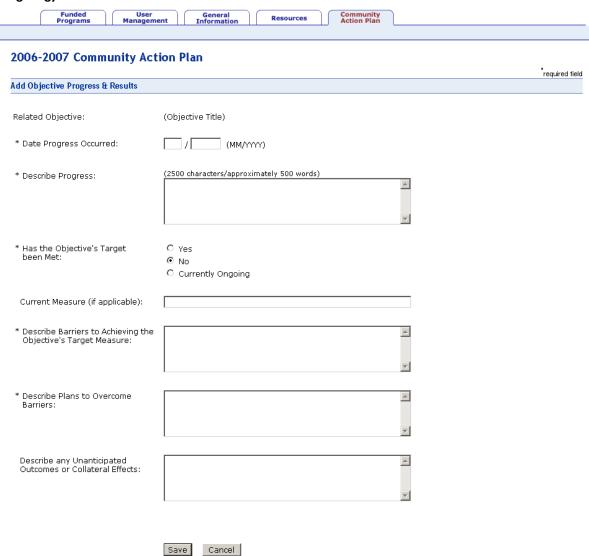
3.18 Community Action Plan: Major Activities

		required nex
Add Major Activities		
Related Objective:	(Related Objective Title)	View Activity History
* Activity Title:		
* Description:	(2500 characters/approximately 500 words)	
* Status:	Select ▼	
* Lead Staff Assigned to this Activity:	Select •	
Other Staff Assigned to this Activity::	☐ John Doe ☐ Jane Doe ☐ Albert Smith ☐ Alberta Smith ☐ John Smith ☐ Smith Smith ☐ Unknown Anonymous	
Coalition Members Assigned to this Activity:	No contractors have been entered in the Resources section.	
Partners/ Contractors Assigned to this Activity:	□ Partner	
* Start Date:	/ (MM/YYY)	
* End Date:	/ (MM/\\\)	
	Save Cancel	

3.19 Community Action Plan: Objective Progress and Results (Objective Met = Yes)

I dd Obdaethau Barrara O Barralta		required fi
Add Objective Progress & Results		
Related Objective:	(Objective Title) (Objective Status), (Objective Timeframe)	
* Date Progress Occurred:	/ (MM/YYYY)	
* Describe Progress:	A	
* Objective's Target Met:	 Yes○ No○ Currently Ongoing	
* Enter Date Met:	/ (MM/YYYY)	
* Measure Achieved:		
* Facilitating Factors for Success:	A V	
Describe Barriers Encountered While Achieving the Objective's Target Measure:		
Describe any Unanticipated Outcomes or Collateral Effects:		

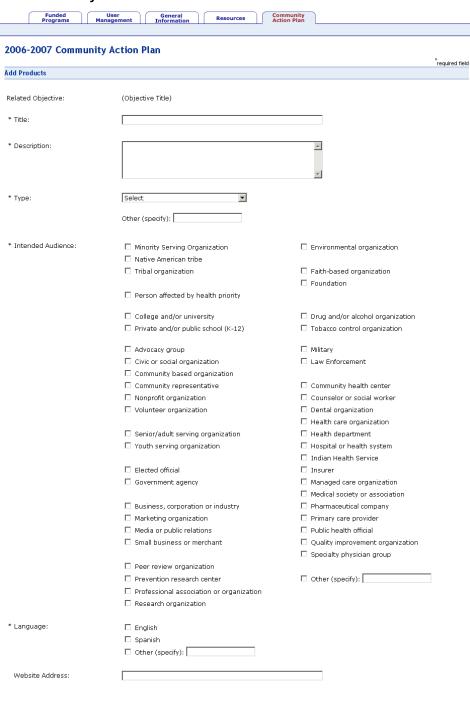
Community Action Plan: Objective Progress and Results (Objective Met = No or Currently Ongoing)



3.20 Community Action Plan: Activity Progress

Funded Programs Man	Jser General Resources Community Action Plan					
2006-2007 Community Action Plan						
Add Activity Progress						
Related Activity:	(Activity Title)					
* Date Progress Occurred:	/ (MM/YYY)					
* Describe Progress:						
	Save Cancel					

3.21 Community Action Plan: Products



Save Cancel

3.22 Community Action Plan: Product Attachments

Save Cancel

General Resources	Community Action Plan					
2006-2007 Community Action Plan						
		*required field				
		Updated: 09/07/2006				
	Browse					
•						
[/ [(MM/cccc)						
,						
O Yes O No						
C Yes C No						
	nt Information Resources	On Plan Browse / (MM/YYYY) C Yes C No				

3.23 Community Action Plan: Evaluation Plan

Add Evaluation Plan		*required field
* Describe how Stakeholders were engaged:	(2500 characters/approximately 500 words)	
	* Describe Evaluation Data Collected: (2500 characters/approximately 500 words)	
* Describe the Program:	(2500 characters/approximately 500 words)	
	* Describe Evaluation Data Collected: (2500 characters/approximately 500 words)	
* Focus the Evaluation Design:	(2500 characters/approximately 500 words)	
	* Describe Evaluation Data Collected: (2500 characters/approximately 500 words)	

Community Action Plan: Evaluation Plan (Continued)

* Gather and Analyze Evidence:	(2500 characters/approximately 500 words)	
		A
		-
	* Describe Evaluation Data Collected:	
	(2500 characters/approximately 500 words)	
		<u> </u>
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