

**EVALUATION OF THE
CAROL M. WHITE
PHYSICAL EDUCATION
PROGRAM (PEP)**

—

**SURVEY OF 2010
COMMUNITY-BASED
ORGANIZATIONS
GRANT RECIPIENTS**

—

YEAR 1

—

**U.S. DEPARTMENT OF
EDUCATION**

SURVEY OF 2010 PEP COMMUNITY-BASED ORGANIZATIONS (CBO) GRANT RECIPIENTS: YEAR 1

Introduction

The U.S. Department of Education's Policy and Program Studies Service (PPSS) is conducting an evaluation of the Carol M. White Physical Education Program (PEP). As part of this evaluation, this survey asks about the design and implementation of your PEP grant. Your input is critical to understanding the implementation of PEP projects.

Survey Instructions

The survey will take approximately 60 minutes to complete. Not all items in the survey may apply to your PEP grant. Please follow the skip patterns noted next to particular items as you complete the survey – they will tell you whether or not you should skip ahead to a later question. If there is not an arrow next to your response and there is no indication that you should skip ahead, then just continue to the next item.

While this survey is designed for Project Directors of PEP grants, if necessary, please share the survey with other staff members knowledgeable about the project to ensure that the most complete and accurate information is recorded.

As a recipient of a PEP grant, your participation in the study is required under ESEA, Sec. 9306(a) (4). Your responses will be aggregated when presenting findings to the U.S. Department of Education (ED) and for reporting purposes.

Returning the Survey

When you have completed the survey, **please return it to the email address provided no later than DATE**. If you have any questions about the study or would like to request a paper copy of the survey with a pre-addressed, pre-paid envelope, please feel free to contact Ms. Andrea Coombes, Survey Coordinator, by mail, phone, or email:

Andrea Coombes
American Institutes for Research
1000 Thomas Jefferson St., NW
Washington, DC 20007
(202) 403-5278
acoombes@air.org

We look forward to receiving your responses and thank you in advance for your cooperation.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4537. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Policy and Program Studies Service, Office of Planning, Evaluation and Policy Development, U.S. Department of Education, 400 Maryland Avenue, S.W., [insert building/room number], Washington D.C. 20202-4537.

Background

What is your current occupation?

Occupation	Check all that apply														
a. Project Director for a Carol M. White Physical Education Program (PEP) grant	<input type="checkbox"/>														
b. CEO/president/executive director/administrator Please specify your job title: _____	<input type="checkbox"/>														
c. Branch/program director/coordinator Please specify your job title: _____	<input type="checkbox"/>														
d. Financial coordinator/director/officer Please specify your job title: _____	<input type="checkbox"/>														
e. Project director/coordinator Please specify your area(s):	<input type="checkbox"/>														
<table border="1"> <thead> <tr> <th>Area</th> <th>Check all that apply</th> </tr> </thead> <tbody> <tr> <td>1. Athletic</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Child care/family</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Grants</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Health & wellness</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Marketing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. Other, please specify: _____</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Area	Check all that apply	1. Athletic	<input type="checkbox"/>	2. Child care/family	<input type="checkbox"/>	3. Grants	<input type="checkbox"/>	4. Health & wellness	<input type="checkbox"/>	5. Marketing	<input type="checkbox"/>	6. Other, please specify: _____	<input type="checkbox"/>	
Area	Check all that apply														
1. Athletic	<input type="checkbox"/>														
2. Child care/family	<input type="checkbox"/>														
3. Grants	<input type="checkbox"/>														
4. Health & wellness	<input type="checkbox"/>														
5. Marketing	<input type="checkbox"/>														
6. Other, please specify: _____	<input type="checkbox"/>														
f. Instructor/teacher Please specify school level(s):	<input type="checkbox"/>														
<table border="1"> <thead> <tr> <th>School level</th> <th>Check all that apply</th> </tr> </thead> <tbody> <tr> <td>1. Elementary</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Middle</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Secondary</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. College/university</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Other, please specify: _____</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	School level	Check all that apply	1. Elementary	<input type="checkbox"/>	2. Middle	<input type="checkbox"/>	3. Secondary	<input type="checkbox"/>	4. College/university	<input type="checkbox"/>	5. Other, please specify: _____	<input type="checkbox"/>			
School level	Check all that apply														
1. Elementary	<input type="checkbox"/>														
2. Middle	<input type="checkbox"/>														
3. Secondary	<input type="checkbox"/>														
4. College/university	<input type="checkbox"/>														
5. Other, please specify: _____	<input type="checkbox"/>														
g. Health care professional (e.g., counselor, nurse, physician, psychologist) Please specify your job title: _____	<input type="checkbox"/>														
h. Other, please specify: _____	<input type="checkbox"/>														

PEP Grant Target Population

How many youth has your PEP grant served to date?

Total number of youth: _____

Does your PEP grant serve the entire youth population affiliated with your CBO?

- a. Yes.....
- b. No.....

Skip to 5

Please indicate the reason(s) why your PEP grant does not serve all the youth affiliated with your CBO.

Reason not served	Check all that apply
a. Grant only targeted to reach certain groups (e.g., specific ages, students with special needs)	<input type="checkbox"/>
b. Not enough funding	<input type="checkbox"/>
c. Other, please specify: _____	<input type="checkbox"/>

Please indicate the age groups your PEP grant serves.

Age	Check all that apply
a. Younger than 5 years of age	<input type="checkbox"/>
b. 5 years old	<input type="checkbox"/>
c. 6 years old	<input type="checkbox"/>
d. 7 years old	<input type="checkbox"/>
e. 8 years old	<input type="checkbox"/>
f. 9 years old	<input type="checkbox"/>
g. 10 years old	<input type="checkbox"/>
h. 11 years old	<input type="checkbox"/>
i. 12 years old	<input type="checkbox"/>
j. 13 years old	<input type="checkbox"/>
k. 14 years old	<input type="checkbox"/>
l. 15 years old	<input type="checkbox"/>
m. 16 years old	<input type="checkbox"/>
n. 17 years old	<input type="checkbox"/>
o. Older than 17 years of age	<input type="checkbox"/>

Please indicate the number of youth your PEP grant has served within each age group to date. If your PEP grant does not target or serve a given group, indicate "0."

Age group	Number of youth served
a. 10 years of age and younger	<input type="text"/>
b. 11 to 13 years of age	<input type="text"/>
c. 14 to 17 years of age	<input type="text"/>
d. 18 years of age and older	<input type="text"/>

Of the population your PEP grant serves, please indicate if your grant has activities specifically targeted at reaching or accommodating any of the following groups.

Group	Check all that apply
a. Youth with physical disabilities	<input type="checkbox"/>
b. Youth with learning disabilities	<input type="checkbox"/>
c. Boys	<input type="checkbox"/>
d. Girls	<input type="checkbox"/>
e. Hispanic/Latino youth, of any race	<input type="checkbox"/>
f. Black or African American youth	<input type="checkbox"/>
g. Native American youth	<input type="checkbox"/>
h. Youth of other race/ethnicity, please specify: _____	<input type="checkbox"/>
i. ELL/LEP students	<input type="checkbox"/>
j. Students receiving free or reduced-price lunch	<input type="checkbox"/>
k. Other, please specify: _____	<input type="checkbox"/>

PEP Grant Design and Implementation


From the following list, please indicate the type of personnel involved in the implementation of your PEP grant.

Position	Check all that apply
a. CBO personnel	<input type="checkbox"/>
b. LEA/Board of Education/district administrator(s)	<input type="checkbox"/>
c. School administrator(s)	<input type="checkbox"/>
d. District financial director(s)/coordinator(s)	<input type="checkbox"/>
e. Building and grounds director(s)	<input type="checkbox"/>
f. Physical education (PE) coordinator(s)	<input type="checkbox"/>
g. Physical education/health education teacher(s)	<input type="checkbox"/>
h. District health/wellness coordinator(s) or committee	<input type="checkbox"/>
i. Food/nutrition service coordinator(s)	<input type="checkbox"/>
j. Nutritionist(s)	<input type="checkbox"/>
k. Personnel from a local public health agency	<input type="checkbox"/>
l. Health care professional(s; e.g., physician, RD, nurse)	<input type="checkbox"/>
m. Official(s) from local government	<input type="checkbox"/>
n. Official(s) from state government	<input type="checkbox"/>
o. Mental health care professional(s; e.g., counselor, psychologist)	<input type="checkbox"/>
p. Professional development provider(s)	<input type="checkbox"/>
q. Grant writer(s)	<input type="checkbox"/>
r. Curricula coordinator(s)	<input type="checkbox"/>
s. Curricula developer(s)	<input type="checkbox"/>
t. Athletic director(s)	<input type="checkbox"/>
u. Administrative/clerical staff	<input type="checkbox"/>
v. University personnel	<input type="checkbox"/>
w. University students	<input type="checkbox"/>
x. Students (beyond basic participation and self-recording)	<input type="checkbox"/>


Position	Check all that apply
y. Parents	<input type="checkbox"/>
z. Project evaluator(s)	<input type="checkbox"/>
aa. Vendor(s)	<input type="checkbox"/>
ab. Other, please specify: _____	<input type="checkbox"/>

How was the need for your PEP grant assessed?

Method	Check all that apply
a. School Health Index (SHI)	<input type="checkbox"/>
b. Tool developed by your CBO	<input type="checkbox"/>
c. Other, please specify: _____	<input type="checkbox"/>



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Skip to 11

10. Please provide the **module score** from the overall score cards for the four modules of the School Health Index (SHI) self-assessment tool completed during the grant application process. In addition, please indicate those areas your PEP grant's School Health Improvement Plan addressed.

Area	Module Score	Addressed in School Health Improvement Plan
		Check all that apply
a. School health and safety policies and environment	_____	<input type="checkbox"/>
b. Health education	_____	<input type="checkbox"/>
c. Physical education and other physical activity programs	_____	<input type="checkbox"/>
d. Nutrition services	_____	<input type="checkbox"/>

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11. Please provide the nutrition and physical activity **needs** identified by the needs assessment tool your CBO used for the PEP grant application.

12. Using the scale below, please indicate the extent to which each of the following physical fitness related components were a focus of your proposed PEP grant. If a component was not proposed to be addressed by your PEP grant, please indicate “1.”

1
Not a
focus

2
Minimal
focus

3
Moderate
focus

4
Significant
focus

Physical fitness component	Select one per row			
a. Fitness education and assessment to help students understand, improve, or maintain their physical well-being	1	2	3	4
b. Instruction in a variety of motor skills and physical activities designed to enhance the physical, mental, and social or emotional development of every student	1	2	3	4
c. Development of, and instruction in, cognitive concepts about motor skills and physical fitness that support a lifelong healthy lifestyle	1	2	3	4
d. Opportunities to develop positive social and cooperative skills through physical activity participation	1	2	3	4
e. Opportunities for professional development for teachers of physical education to stay abreast of the latest research, issues, and trends in the field of physical education	1	2	3	4

13. Please indicate the **physical** activities your CBO engaged in **before** receiving your current PEP grant, as well as those your PEP project has engaged in **since** receiving the grant.

Physical activity	Check all that apply	
	Before	Since
a. Develop or redesign physical education policies	<input type="checkbox"/>	<input type="checkbox"/>
b. Create a new physical education program	<input type="checkbox"/>	<input type="checkbox"/>
c. Improve an existing physical education program	<input type="checkbox"/>	<input type="checkbox"/>
d. Improve physical education instruction related to physical fitness	<input type="checkbox"/>	<input type="checkbox"/>
e. Improve physical education instruction specific to physical activity	<input type="checkbox"/>	<input type="checkbox"/>
f. Improve physical education instruction related to cognitive concepts	<input type="checkbox"/>	<input type="checkbox"/>
g. Improve personnel/staff capacity to provide physical education instruction (e.g., professional development)	<input type="checkbox"/>	<input type="checkbox"/>
h. Improve youth engagement in physical activities external to school-based curricula	<input type="checkbox"/>	<input type="checkbox"/>
i. Increase family involvement in youth physical fitness	<input type="checkbox"/>	<input type="checkbox"/>
j. Promote social and cooperative skills in physical fitness	<input type="checkbox"/>	<input type="checkbox"/>
k. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

14. Please indicate the **healthy eating habits and good nutrition** activities your CBO engaged in **before** receiving your current PEP grant, as well as those your PEP project has engaged in **since** receiving the grant.

Healthy eating habits and good nutrition activity	Check all that apply	
	Before	Since
a. Promote nutrition awareness to parents and communities (e.g., seminars, nutrition information flyers)	<input type="checkbox"/>	<input type="checkbox"/>
b. Integrate nutrition education and nutritional themes into subject areas	<input type="checkbox"/>	<input type="checkbox"/>
c. Develop new curricula for nutrition education	<input type="checkbox"/>	<input type="checkbox"/>
d. Revise/expand existing curricula for nutrition education	<input type="checkbox"/>	<input type="checkbox"/>
e. Integrate school food service and nutrition education	<input type="checkbox"/>	<input type="checkbox"/>
f. Provide nutrition education pre-service and ongoing in-service training to instructors and staff	<input type="checkbox"/>	<input type="checkbox"/>
g. Involve parents and the community in supporting nutrition education	<input type="checkbox"/>	<input type="checkbox"/>
h. Improve instruction on nutrition education	<input type="checkbox"/>	<input type="checkbox"/>
i. Provide training for school staff to identify unhealthy eating behaviors in students and make referrals to appropriate services	<input type="checkbox"/>	<input type="checkbox"/>
j. Facilitate coordination between food service and instruction	<input type="checkbox"/>	<input type="checkbox"/>
k. Encourage healthy eating habits in after-school programs	<input type="checkbox"/>	<input type="checkbox"/>
l. Establish a district-wide nutrition education committee	<input type="checkbox"/>	<input type="checkbox"/>
m. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

15. Has your PEP grant proposed to develop, revise, or enhance physical education and/or nutrition education curricula?

- a. Yes.....
- b. No.....

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16. Please select the best response related to your PEP grant's use of the Physical Education Curriculum Analysis Tool (PECAT) or the healthy eating module of the Health Education Curriculum Analysis Tool (HECAT) to inform curricula development or changes.

Use	PECAT	HECAT
	Select one per column	Select one per column
a. Did not use as part of the grant application and do not plan to use over the course of the PEP grant period	<input type="checkbox"/>	<input type="checkbox"/>
b. Have not used, but plan to use during the PEP grant period	<input type="checkbox"/>	<input type="checkbox"/>
c. Did not use as part of the grant application but have used during the period since the PEP grant was awarded	<input type="checkbox"/>	<input type="checkbox"/>
d. Used and submitted results as part of the PEP grant application	<input type="checkbox"/>	<input type="checkbox"/>

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Skip to 18

17. Please indicate how your PEP grant used the PECAT and/or HECAT to inform any curricula development or changes.

Use	PECAT	HECAT
	Check all that apply	Check all that apply
a. Assessed the accuracy of the health, medical, and scientific information in written curriculum	<input type="checkbox"/>	<input type="checkbox"/>
b. Determined whether the curriculum content matches national standards	<input type="checkbox"/>	<input type="checkbox"/>
c. Determined whether there are protocols matched with each national standard to guide the assessments of student skills and abilities	<input type="checkbox"/>	<input type="checkbox"/>
d. Analyzed curriculum alignment with social norms among youth, families, and community members	<input type="checkbox"/>	<input type="checkbox"/>
e. Assessed affordability of curriculum	<input type="checkbox"/>	<input type="checkbox"/>
f. Determined if curriculum content, materials, and instructional strategies can be successfully implemented by teachers within available time and with existing facilities and equipment	<input type="checkbox"/>	<input type="checkbox"/>
g. Created a PE curriculum revision or development committee	<input type="checkbox"/>	<input type="checkbox"/>
h. Developed new lessons, lesson plans, or learning activities	<input type="checkbox"/>	<input type="checkbox"/>
i. Developed new student assessment protocols to align with existing or new lessons, lesson plans, or learning activities	<input type="checkbox"/>	<input type="checkbox"/>
j. Developed a scope and sequence	<input type="checkbox"/>	<input type="checkbox"/>
k. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

18. Please indicate how your PEP grant intends to develop, revise, or enhance **physical activity** policies and **food- and nutrition-related** policies.

Policy action	Physical activity	Nutrition
	Check all that apply	Check all that apply
a. Develop new policies	<input type="checkbox"/>	<input type="checkbox"/>
b. Revise or expand covered areas in current policies	<input type="checkbox"/>	<input type="checkbox"/>
c. Update mandates of the current policies according to state/federal standards	<input type="checkbox"/>	<input type="checkbox"/>
d. Improve implementation of physical education policies	<input type="checkbox"/>	<input type="checkbox"/>
e. Strengthen policy review	<input type="checkbox"/>	<input type="checkbox"/>
f. Strengthen policy monitoring	<input type="checkbox"/>	<input type="checkbox"/>
g. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

19. Using the scale below, please indicate the extent to which **physical activity policy elements** have changed as a result of your PEP grant.

1
No
changes
2
Minor
changes
3
Moderate
changes
4
Significant
changes

Physical activity policy element	Select one per row			
a. Require the use of a standards-based sequential physical education (PE) curriculum	1	2	3	4
b. Require daily PE classes	1	2	3	4
c. Require that students are physically active for at least 50% of PE class time	1	2	3	4
d. Require that all PE classes are taught by credentialed, certified, and/or licensed PE instructors	1	2	3	4
e. Require daily recess periods	1	2	3	4
f. Recommend or offer physical activity through before- and/or after-school programs (e.g., clubs, intramurals)	1	2	3	4
g. Require the establishment of safer routes to school through coordination with the community	1	2	3	4
h. Require annual professional development and/or training for PE teachers	1	2	3	4
i. Require and provide training to classroom teachers on how to incorporate physical activity into the classroom	1	2	3	4
j. Other, please specify: _____ _____	1	2	3	4

20. Using the scale below, please indicate the extent to which **food- and nutrition-related policy elements** have changed as a result of your PEP grant.

- | | | | |
|----------|----------|----------|-------------|
| 1 | 2 | 3 | 4 |
| No | Minor | Moderate | Significant |
| changes | changes | changes | changes |

Food- and nutrition-related policy element	Select one per row			
a. Require the use and integration of a standards-based nutrition education curriculum into exiting health education	1	2	3	4
b. Increase consistent access to free, potable water for youth	1	2	3	4
c. Require the integration of nutrition/healthy eating concepts into other academic subjects (e.g., science, language arts)	1	2	3	4
d. Require annual professional development and/or training for instructors/staff who provide nutrition education	1	2	3	4
e. Require annual professional development and/or training for nutrition services staff	1	2	3	4
f. Require the adoption and implementation of strong nutrition standards for all foods sold and served in schools (e.g., vending machines, school stores, fundraisers, classroom parties)	1	2	3	4
g. Reduce availability of foods of minimal nutritional value (FMNV)	1	2	3	4
h. Restrict the marketing of unhealthy foods on school campuses	1	2	3	4
i. Other, please specify: _____ _____	1	2	3	4

21. Did your LEA have a local wellness policy established prior to applying for your current PEP grant?

- a. Yes.....
- b. No.....

Skip to 23

22. Does your PEP grant plan to develop a local wellness policy during the grant period?

- a. Yes.....
- b. No.....

Skip to 25

23. Prior to the PEP grant application, did you know about your LEA's local wellness policy?

- a. Yes.....
- b. No.....

24. Using the scale below, please indicate the extent to which your local wellness policy relates or will relate to the following **nutrition- and physical fitness-related** activities.

- 1**
No
relation
- 2**
Minor
relation
- 3**
Moderate
relation
- 4**
Significant
relation

Nutrition- and physical fitness-related activity	Select one per row			
a. Fitness education and assessment	1	2	3	4
b. Instruction in healthy eating habits and good nutrition	1	2	3	4
c. Instruction in motor skills and physical activities	1	2	3	4
d. Instruction in cognitive concepts about motor skills and physical fitness	1	2	3	4
e. Opportunities to develop positive social and cooperative skills through physical activity participation	1	2	3	4
f. Opportunities for professional development for teachers of physical education	1	2	3	4
g. Other, please specify: _____	1	2	3	4

25. Did your PEP grant project propose to align its goals with the goals and principles of the U.S. Department of Agriculture's (USDA) HealthierUS School Challenge (HUSCC) initiative?

- a. Yes.....
- b. No.....

26. Did your CBO use various technologies for physical fitness and/or healthy eating habits and good nutrition activities **before** your PEP grant was awarded?

- a. Yes.....
- b. No.....

27. Does your PEP grant use and/or plan to use technology related to its activities?

- a. Yes.....
- b. No.....

Skip to 29

28. Please indicate the types of technologies that will be used during your PEP grant and if these will be supported with PEP grant funds.

Technology	Use	Supported by PEP funds
	Check all that apply	Check all that apply
a. Computers for teachers (specifically affiliated with grant-related activities)	<input type="checkbox"/>	<input type="checkbox"/>
b. Exergaming Please specify type(s): Exergame <input type="checkbox"/> Check all that apply 1. Dance Dance Revolution <input type="checkbox"/> 2. Wii <input type="checkbox"/> 3. Other, please specify: <input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
c. HopSports	<input type="checkbox"/>	<input type="checkbox"/>
d. Smart Boards	<input type="checkbox"/>	<input type="checkbox"/>
e. Foot cameras	<input type="checkbox"/>	<input type="checkbox"/>
f. Electronic devices (e.g., heart rate monitor, accelerometer)	<input type="checkbox"/>	<input type="checkbox"/>
g. Personal fitness tracking software	<input type="checkbox"/>	<input type="checkbox"/>
h. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

29. Did your CBO conduct professional development activities for physical fitness and/or healthy eating habits and good nutrition **before** your PEP grant was awarded?

- a. Yes.....
- b. No.....

30. Are professional development activities planned as part of your PEP grant?

- a. Yes.....
- b. No.....

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31. Please indicate the professional development topics that have been or will be offered by your PEP grant.

Professional development topic	Check all that apply
a. Curricula development or improvement	<input type="checkbox"/>
b. Pedagogy training	<input type="checkbox"/>
c. Research in good nutrition	<input type="checkbox"/>
d. Research in physical education	<input type="checkbox"/>
e. Technology or equipment related	<input type="checkbox"/>
f. Instructional strategies	<input type="checkbox"/>
g. Student assessment	<input type="checkbox"/>
h. Other, please specify: _____	<input type="checkbox"/>

32. Please indicate your PEP grant's approaches to professional development training.

Professional development approach	Check all that apply
a. Individually guided development	<input type="checkbox"/>
b. Inquiry	<input type="checkbox"/>
c. Involvement in a development or improvement process	<input type="checkbox"/>
d. Observation and assessment	<input type="checkbox"/>
e. Training (e.g., train-the-trainer, train everyone)	<input type="checkbox"/>
f. Online resources (e.g., webinars)	<input type="checkbox"/>
g. Other, please specify: _____	<input type="checkbox"/>

33. Please indicate who has been and/or will be the providers of the professional development training your PEP grant plans to offer.

Professional development provider	Check all that apply
a. College or university	<input type="checkbox"/>
b. CBO	<input type="checkbox"/>
c. Federal government resource	<input type="checkbox"/>
d. LEA or local private or public school	<input type="checkbox"/>
e. National association	<input type="checkbox"/>
f. State association	<input type="checkbox"/>
g. State or local health department	<input type="checkbox"/>
h. State or local education agency	<input type="checkbox"/>
i. State or local government resource	<input type="checkbox"/>
j. Vendor or contractor	<input type="checkbox"/>
k. Other, please specify: _____	<input type="checkbox"/>

34. Please provide the percent of your PEP grant's **proposed year 1 budget** that is allocated to professional development activities:

_____ % of Year 1 Budget

35. Please indicate if your **CBO or, if applicable, an LEA partner** receives funds from or engages in the following programs.

Program	Participant or recipient	
	Select one per row	
a. CDC's Coordinated School Health program	Yes	No
b. USDA's Team Nutrition initiative (Team Nutrition Training Grant)	Yes	No
c. Recovery Act Communities Putting Prevention to Work-Community Initiative	Yes	No
d. Any program authorized by the Richard B. Russell National School Lunch Act and the Child Nutrition and WIC Reauthorization Act of 2004	Yes	No

Partnerships and Collaborations

36. Had your CBO established collaborations with community entities **prior** to receiving the current PEP grant?

a. Yes.....

b. No.....

37. Did your PEP grant application include an **official partner agreement**?

a. Yes.....

b. No.....

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38. Please identify the type of community entities that your PEP project partnered with **as part of an official partner agreement**. In addition, using the scale provided, please indicate the average level of involvement each has had in implementing your PEP grant project to date.

1 **2** **3** **4**
 Not involved Minor Moderate Significant
 at all involvement involvement involvement

Community entity	Official partner	Involvement			
	Check all that apply	Select one per row			
a. College or university	<input type="checkbox"/>	1	2	3	4
b. LEA(s)	<input type="checkbox"/>	1	2	3	4
c. External evaluation/monitoring agency	<input type="checkbox"/>	1	2	3	4
d. Head of the local government where your CBO is located	<input type="checkbox"/>	1	2	3	4
e. Hospital or clinic	<input type="checkbox"/>	1	2	3	4
f. LEA's food service or child nutrition director	<input type="checkbox"/>	1	2	3	4
g. Local or State public health department/board of public health	<input type="checkbox"/>	1	2	3	4
h. Public park or recreational authority	<input type="checkbox"/>	1	2	3	4
i. Other CBOs	<input type="checkbox"/>	1	2	3	4
j. Other local public health entity	<input type="checkbox"/>	1	2	3	4
k. Other State or local government department	<input type="checkbox"/>	1	2	3	4
l. Other, please specify: _____	<input type="checkbox"/>	1	2	3	4

39. Please indicate the average level of involvement your PEP grant partners have had in the following areas.

1 **2** **3** **4**
 No Minor Moderate Significant
 involvement involvement involvement involvement

Area	Select one per row			
a. Fitness education and assessment	1	2	3	4
b. Instruction in healthy eating habits and good nutrition	1	2	3	4
c. Instruction in motor skills and physical activities	1	2	3	4
d. Instruction in cognitive concepts about motor skills and physical fitness	1	2	3	4
e. Policy development	1	2	3	4
f. Providing nutrition services	1	2	3	4
g. Providing opportunities for youth to develop positive social and cooperative skills through physical activity participation	1	2	3	4
h. Providing staff/instructors with professional development opportunities related to nutrition or physical fitness	1	2	3	4
i. Other, please specify: _____	1	2	3	4

40. Please indicate any benefits related to your PEP grant's partnerships.

Benefit	Check all that apply
a. Allows personnel to focus on specific areas of expertise	<input type="checkbox"/>
b. Builds upon knowledge base	<input type="checkbox"/>
c. Capability of reaching more of the targeted population	<input type="checkbox"/>
d. Contributes additional personnel	<input type="checkbox"/>
e. Offers access to additional resources	<input type="checkbox"/>
f. Provides additional funding, either directly or through funding opportunities	<input type="checkbox"/>
g. Other, please specify: _____	<input type="checkbox"/>

41. Please describe any factors that have facilitated your PEP grant's partnership relationship(s).

42. Please indicate the extent to which the following have been challenges in maintaining your PEP grant's partnerships to date.

1
Not a
challenge

2
Minor
challenge

3
Moderate
challenge

4
Significant
challenge

Challenge	Select one per row			
a. Difficulty coordinating meetings and activities	1	2	3	4
b. Diversion of time and resources away from other priorities or obligations of the PEP grant	1	2	3	4
c. Entities are not knowledgeable of project goals	1	2	3	4
d. Difficulty communicating efficiently and in a timely manner	1	2	3	4
e. Diminished interest in project goals and activities	1	2	3	4
f. Lack of established effective communication channels	1	2	3	4
g. The governance structure of the partnership(s) does not function effectively	1	2	3	4
h. Lack of commitment	1	2	3	4
i. Different or conflicting perspectives	1	2	3	4
j. Dissimilarity in partners' expectations on project activities	1	2	3	4
k. Interruption due to personnel turnover within community entities	1	2	3	4
l. Not perceived as mutually beneficial	1	2	3	4
m. Inadequate staff support	1	2	3	4
n. Interruption due to personnel turnover in the primary PEP CBO	1	2	3	4
o. Other, please specify: _____	1	2	3	4

43. Has your PEP project attempted to establish collaborations with community entities since being awarded the grant (i.e., collaborations or partnerships that are **not part of an official partner agreement**)?

- a. Yes, we have established collaborations.....
- b. Yes, but we have been unable to establish collaborations.....
- c. No, we have not attempted to establish collaborations.....

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44. Please identify any community entities that your PEP project has collaborated with that are **not part of an official partner agreement**. In addition, using the scale provided, please indicate the average level of involvement each has had in implementing your PEP grant project to date.

1
Not involved
at all
2
Minor
involvement
3
Moderate
involvement
4
Significant
involvement

Community entity	Collaborator	Involvement			
	Check all that apply	Select one per row			
a. College or university	<input type="checkbox"/>	1	2	3	4
b. LEA(s)	<input type="checkbox"/>	1	2	3	4
c. External evaluation/monitoring agency	<input type="checkbox"/>	1	2	3	4
d. Head of the local government where your CBO is located	<input type="checkbox"/>	1	2	3	4
e. Hospital or clinic	<input type="checkbox"/>	1	2	3	4
f. LEA's food service or child nutrition director	<input type="checkbox"/>	1	2	3	4
g. Local or State public health department/board of public health	<input type="checkbox"/>	1	2	3	4
h. Public park or recreational authority	<input type="checkbox"/>	1	2	3	4
i. Other CBOs	<input type="checkbox"/>	1	2	3	4
j. Other local public health entity	<input type="checkbox"/>	1	2	3	4
k. Other State or local government department	<input type="checkbox"/>	1	2	3	4
l. Other, please specify: _____	<input type="checkbox"/>	1	2	3	4

45. Please indicate the average level of involvement your PEP grant collaborators (i.e., community entities **not part of an official partner agreement**) have had in the following areas.

1
 No
 involvement

 2
 Minor
 involvement

 3
 Moderate
 involvement

 4
 Significant
 involvement

Area	Select one per row			
a. Fitness education and assessment	1	2	3	4
b. Instruction in healthy eating habits and good nutrition	1	2	3	4
c. Instruction in motor skills and physical activities	1	2	3	4
d. Instruction in cognitive concepts about motor skills and physical fitness	1	2	3	4
e. Policy development	1	2	3	4
f. Providing nutrition services	1	2	3	4
g. Providing opportunities for youth to develop positive social and cooperative skills through physical activity participation	1	2	3	4
h. Providing staff/instructors with professional development opportunities related to nutrition or physical fitness	1	2	3	4
i. Other, please specify: _____	1	2	3	4

46. Please indicate any benefits related to your PEP grant's collaborations with community entities.

Benefit	Check all that apply
a. Allows personnel to focus on specific areas of expertise	<input type="checkbox"/>
b. Builds upon knowledge base	<input type="checkbox"/>
c. Capability of reaching more of the targeted population	<input type="checkbox"/>
d. Contributes additional personnel	<input type="checkbox"/>
e. Offers access to additional resources	<input type="checkbox"/>
f. Provides additional funding, either directly or through funding opportunities	<input type="checkbox"/>
g. Other, please specify: _____	<input type="checkbox"/>

47. Please indicate the extent to which the following have been challenges in establishing collaborations with community entities.

1	2	3	4
Not a challenge	Minor challenge	Moderate challenge	Significant challenge

Challenge	Select one per row			
a. Difficulty coordinating meetings and activities	1	2	3	4
b. Diversion of time and resources away from other priorities or obligations of the PEP grant	1	2	3	4
c. Entities are not knowledgeable of project goals	1	2	3	4
d. Difficulty communicating efficiently and in a timely manner	1	2	3	4
e. Diminished interest in project goals and activities	1	2	3	4
f. Lack of established effective communication channels	1	2	3	4
g. The governance structure of the collaboration(s) does not function effectively	1	2	3	4
h. Lack of commitment	1	2	3	4
i. Different or conflicting perspectives	1	2	3	4
j. Dissimilarity in expectations by different partners on project activities	1	2	3	4
k. Interruption due to personnel turnover within community entities	1	2	3	4
l. Not perceived as mutually beneficial	1	2	3	4
m. Inadequate staff support	1	2	3	4
n. Interruption due to personnel turnover in the primary PEP CBO	1	2	3	4
o. Other, please specify: _____	1	2	3	4

PEP Grant Budget

48. What was the total amount of your PEP award for the entire grant period?

\$ _____

49. Please provide the following information regarding your PEP grant budget.

- i) Indicate the percent of your **proposed** PEP grant year 1 budget that was allocated to the following categories; these should total to 100%.
- ii) Using the scale below, please indicate the option that best describes how much the **proposed** budget has needed to be revised to date for each of the categories.

1
No
revision

2
Minor
revision

3
Moderate
revision

4
Significant
revision

Budget categories	% Allocated	Select one per row			
a. Personnel	_____ %	1	2	3	4
b. Fringe benefits	_____ %	1	2	3	4
c. Travel	_____ %	1	2	3	4
d. Equipment	_____ %	1	2	3	4
e. Supplies	_____ %	1	2	3	4
f. Contractual	_____ %	1	2	3	4
g. Training stipends	_____ %	1	2	3	4
h. Indirect costs	_____ %	1	2	3	4
i. Other, please specify: _____	_____ %	1	2	3	4
TOTAL FUNDS:		100%			

50. Please select the reason(s) budget revisions have been or will be necessary for the first year of your PEP grant.

Reason for budget revision	Check all that apply
a. No revisions have been necessary	<input type="checkbox"/>
b. Matched funds are not being provided as expected	<input type="checkbox"/>
c. Underestimated costs	<input type="checkbox"/>
d. Unexpected costs	<input type="checkbox"/>
e. Unexpected savings	<input type="checkbox"/>
f. Other, please specify: _____	<input type="checkbox"/>

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PEP Grant Measures and Outcomes

51. Please indicate if your CBO collected Body Mass Index (BMI) data **prior** to being awarded the current PEP grant.

- a. Yes.....
- b. No.....

52. Please select from the following options related to BMI data collection those that apply to your PEP grant.

BMI measures	Check all that apply
a. BMI data collection was not proposed as part of the PEP grant and there currently are no plans to collect BMI data	<input type="checkbox"/>
b. BMI data collection was included as part of the PEP grant proposal	<input type="checkbox"/>
c. BMI data collection was implemented after the PEP grant was awarded	<input type="checkbox"/>
d. BMI data were collected at the start of the 2010–2011 school year (i.e., baseline/start of PEP project)	<input type="checkbox"/>

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53. Please indicate the number of BMI data collections your PEP grant plans to conduct over the course of the first year of the grant:

_____ Number of times data has been collected to date

_____ Number of additional times data will be collected

54. Please indicate how your PEP grant plans to use BMI measurements.

BMI use	Check all that apply
a. To assess the weight status of the youth population across time	<input type="checkbox"/>
b. To calculate percentage of youth of different weight statuses among the population	<input type="checkbox"/>
c. To assess outcomes related to PEP grant activities	<input type="checkbox"/>
d. To compare the population trends at different sites/schools	<input type="checkbox"/>
e. To assess the weight status of individual youth to identify those at risk for weight-related health problems	<input type="checkbox"/>
f. To provide parents with information about their children's BMI to help them take appropriate action	<input type="checkbox"/>
g. To guide physical activity program development	<input type="checkbox"/>
h. To guide nutrition-related program development	<input type="checkbox"/>
i. To provide the data to school administrator(s)/board(s) to inform policy change	<input type="checkbox"/>
j. Other, please specify: _____	<input type="checkbox"/>

The following series of questions asks about your PEP grant's plans and experiences regarding data collection of **Government Performance and Results Act (GPRA)** performance measures based on the following:

- Measure 1.1 The percentage of students served by the grant who engage in 60 minutes of daily physical activity.
- Measure 1.2 The percentage of students served by the grant who achieve age-appropriate cardiovascular fitness levels.
- Measure 1.3 The percentage of students served by the grant who consume fruit two or more times per day and vegetables three or more times per day.

55. For each GPRA measure, please indicate whether data was collected from the entire population served by your PEP project or from a sample of the population served.

Data collection	1.1	1.2	1.3
	Check one	Check one	Check one
a. Collected data from the entire population served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Collected data from a sample of the population served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. For each GPRA measure, please indicate if the data collection period has taken place to date.

Collection time	1.1	1.2	1.3
	Check all that apply	Check all that apply	Check all that apply
a. Baseline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 1 st data collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 2 nd data collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 3 rd data collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 4 th data collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Additional data collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57. Please indicate which of the uniform data collection methods your PEP grant used. If the method was used, please indicate how difficult it was to collect the required GPRA performance measures using the scale provided.

1
Not
difficult
2
Slightly
difficult
3
Moderately
difficult
4
Extremely
difficult

Data collection method	Check all that apply	Select one per row			
a. Pedometer data for Measure 1.1	<input type="checkbox"/>	1	2	3	4
b. 3-Day Physical Activity Recall (3DPAR) data for Measure 1.1	<input type="checkbox"/>	1	2	3	4
c. 20-meter shuttle run data for Measure 1.2	<input type="checkbox"/>	1	2	3	4
d. Nutrition-related questions from the Youth Risk Behavior Survey Measure 1.3	<input type="checkbox"/>	1	2	3	4

58. Please indicate if your CBO had used any of the data collection methods that are being used to collect GPRA performance measures **prior** to receiving your current PEP grant.

Data collection method	Check all that apply
a. Pedometer	<input type="checkbox"/>
b. 3-Day Physical Activity Recall (3DPAR)	<input type="checkbox"/>
c. 20-meter shuttle run	<input type="checkbox"/>
d. Nutrition-related questions from the Youth Risk Behavior Survey Measure	<input type="checkbox"/>

59. Please indicate any additional data collection methods your PEP grant used to collect physical activity, fitness, and/or nutrition information for the following age groups.

Measurement method	10 years & younger	11-13 years	14-17 years	18 years & older
	Check all that apply	Check all that apply	Check all that apply	Check all that apply
a. Logs kept by parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Logs kept by youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Observations by school personnel/staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Survey(s), please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Accelerometers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Heart rate monitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other device(s), please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. Please indicate if your CBO had used any of the additional data collection methods **prior** to receiving your current PEP grant.

Measurement method	Check all that apply
a. Logs kept by parents	<input type="checkbox"/>
b. Logs kept by students	<input type="checkbox"/>
c. Observations by school personnel/staff	<input type="checkbox"/>
d. Survey(s), please specify: _____	<input type="checkbox"/>
e. Accelerometers	<input type="checkbox"/>
f. Heart rate monitors	<input type="checkbox"/>
g. Other device(s), please specify: _____	<input type="checkbox"/>
h. Other, please specify: _____	<input type="checkbox"/>

61. For each age group, please indicate if your PEP grant includes plans to collect any of the following measures and if they were collected during the first grant year to date.

Outcome measure	10 years & younger	11-13 years	14-17 years	18 years & older	Collected 1 st year
	Check all that apply	Check all that apply	Check all that apply	Check all that apply	Select one per row
a. Aerobic capacity (e.g., timed walking/running)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
b. Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
c. Cardio-vascular measures (e.g., blood pressure, heart rate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
d. Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
e. Muscular endurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
f. Muscular strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
g. Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
h. Obesity rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
i. FITNESSGRAM entire battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
j. Youth Risk Behavior Survey (other than nutrition-related items)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
k. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No

62. Please indicate if your CBO collected any of the following measures **prior** to receiving your current PEP grant.

Outcome measure	Check all that apply
a. Aerobic capacity (e.g., timed walking/running)	<input type="checkbox"/>
b. Balance	<input type="checkbox"/>
c. Cardio-vascular measures (e.g., blood pressure, heart rate)	<input type="checkbox"/>
d. Flexibility	<input type="checkbox"/>
e. Muscular endurance	<input type="checkbox"/>
f. Muscular strength	<input type="checkbox"/>
g. Nutrition	<input type="checkbox"/>
h. Obesity rate	<input type="checkbox"/>
i. FITNESSGRAM entire battery	<input type="checkbox"/>
j. Youth Risk Behavior Survey (other than nutrition-related items)	<input type="checkbox"/>
k. Other, please specify: _____	<input type="checkbox"/>

63. Using the scale below, please indicate how the GPRA performance measures relate to your PEP grant's goals.

1 **2** **3** **4**
 Not related Minimally related Moderately related Significantly related

GPRA performance measure	Select one per row			
a. Measure 1.1: The percentage of students served by the grant who engage in 60 minutes of daily physical activity	1	2	3	4
b. Measure 1.2: The percentage of students served by the grant who achieve age-appropriate cardiovascular fitness levels	1	2	3	4
c. Measure 1.3: The percentage of students served by the grant who consume fruit two or more times per day and vegetables three or more times per day	1	2	3	4

PEP Grant Implementation and Challenges

64. Please indicate the degree to which your PEP grant's planned **year 1** activities were able to be implemented to date.

- | | | | | |
|----------------------------|----------------------------------|------------------------|----------------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 |
| Very few of the activities | Less than half of the activities | Half of the activities | Majority of the activities | All of the activities |

65. Have you implemented any approved unplanned activities since the grant cycle started?

a. Yes.....

b. No.....

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66. Please describe any approved unplanned activities your PEP grant has been able to implement to date.

67. Please indicate any challenges you have encountered **to date** while implementing the first year of your PEP grant.

Implementation challenge	Check all that apply																								
a. Budget-related obstacles (e.g., dry-up of matching funds)	<input type="checkbox"/>																								
b. Challenge(s) collecting GPRA measures Please specify type of challenge(s):	<input type="checkbox"/>																								
<table border="1"> <thead> <tr> <th>Challenge collecting measures</th> <th>Check all that apply</th> </tr> </thead> <tbody> <tr> <td>1. Coordinating data collection across sites</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Failure to return requested information</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Lack of personnel/staff</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Lack of preparation time</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Loss or theft of equipment</td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. Malfunctioning/faulty equipment</td> <td><input type="checkbox"/></td> </tr> <tr> <td>7. Lack of proper data collection/reporting by personnel/staff</td> <td><input type="checkbox"/></td> </tr> <tr> <td>8. Lack of proper data collection/reporting by students</td> <td><input type="checkbox"/></td> </tr> <tr> <td>9. Problems with sampling</td> <td><input type="checkbox"/></td> </tr> <tr> <td>10. Requirements not clear</td> <td><input type="checkbox"/></td> </tr> <tr> <td>11. Other, please specify: _____</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Challenge collecting measures	Check all that apply	1. Coordinating data collection across sites	<input type="checkbox"/>	2. Failure to return requested information	<input type="checkbox"/>	3. Lack of personnel/staff	<input type="checkbox"/>	4. Lack of preparation time	<input type="checkbox"/>	5. Loss or theft of equipment	<input type="checkbox"/>	6. Malfunctioning/faulty equipment	<input type="checkbox"/>	7. Lack of proper data collection/reporting by personnel/staff	<input type="checkbox"/>	8. Lack of proper data collection/reporting by students	<input type="checkbox"/>	9. Problems with sampling	<input type="checkbox"/>	10. Requirements not clear	<input type="checkbox"/>	11. Other, please specify: _____	<input type="checkbox"/>	
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11. Other, please specify: _____	<input type="checkbox"/>																								
c. Delays Please specify type of delay(s):	<input type="checkbox"/>																								
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3. Hiring personnel/staff	<input type="checkbox"/>																								
4. Other, please specify: _____	<input type="checkbox"/>																								
d. Difficulty coordinating across sites	<input type="checkbox"/>																								
e. Difficulty with partners and/or external collaborators	<input type="checkbox"/>																								
f. Equipment installation and/or set-up problems	<input type="checkbox"/>																								
g. Federal grant monitors or other federal administrative obstacles (e.g., accessing funds)	<input type="checkbox"/>																								
h. Lack of time to prepare for the start of the PEP grant following award notification	<input type="checkbox"/>																								
i. Staff turnover	<input type="checkbox"/>																								
j. Training obstacles (e.g., low attendance, longer than planned)	<input type="checkbox"/>																								
k. Competing academic priorities or pressures	<input type="checkbox"/>																								

Implementation challenge	Check all that apply
l. Lack of facilities	<input type="checkbox"/>
m. Other, please specify: _____	<input type="checkbox"/>
n. No challenges	<input type="checkbox"/>

68. Please describe the greatest difficulties your PEP grant has encountered in implementing the project as designed.

69. Has your PEP grant implemented any changes and/or strategies to address these challenges?

- a. Yes.....
- b. No.....

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70. Please indicate the strategies your PEP grant has implemented to address the challenges encountered to date.

Strategy	Check all that apply
a. Adjusted timeline	<input type="checkbox"/>
b. Changed goals	<input type="checkbox"/>
c. Eliminated activities/components	<input type="checkbox"/>
d. Implemented alternative activities	<input type="checkbox"/>
e. Identified alternate and/or additional partners/collaborators	<input type="checkbox"/>
f. Reorganized personnel/staff responsibilities	<input type="checkbox"/>
g. Revised data collection methods	<input type="checkbox"/>
h. Other, please specify: _____	<input type="checkbox"/>

71. Please provide any additional information you found important related to your efforts in implementing the PEP grant as designed to date.

Thank you very much for completing this survey!