



## Chronic Disease Management Information System (MIS)

User ID:

Password:

### Conditions of Use and Logon

This is a U.S. Federal Government system and shall be used only by authorized persons for authorized purposes. Users do not have a right to privacy in their use of this government system. System access, activity, and information stored or transmitted may be monitored for adherence to acceptable use policy. Users of this system hereby consent to such monitoring. Improper or illegal use detected may result in further investigation for possible disciplinary action, civil penalties, or referral to law enforcement for criminal prosecution. This system contains non-public information that must be protected from unauthorized access, disclosure, sharing, and transmission violation of which can result in disciplinary action, fines, and/or criminal prosecution.

By logging into this application, I understand and agree to use the application in the manner in which it is intended. I agree to keep my user ID or password secured, not allowing others access. Unauthorized access to information or information systems is prohibited. Failure to comply with these rules will result in loss of access.

**Funded FOA users:** Type the User ID and password assigned to you for this application.

- Passwords are case-sensitive.
- For security reasons, a period of 90 or more minutes of inactivity requires that you log in again.
- After 3 unsuccessful attempts to log in, your account will be temporarily locked for 90 minutes.

### Delta

Form Approved:

Expiration Date:

Public reporting burden of this collection of information varies from 3 to 15 hours with an estimated average of 3 hours 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, Georgia 30333; ATTN: PRA (0920-xxxx)

### Comprehensive Cancer Control Funding Opportunity Announcement OMB Information:

Form Approved: OMB 0920-0841

Expiration Date: 1/31/2013

Public reporting burden of this collection of information is estimated to average 6 hours 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, Georgia 30333; ATTN: PRA (0920-0841)

### Collaborative Funding Opportunity Announcement OMB Information:

Form Approved: 0920-0830

Expiration Date: 11/30/2013

Public reporting burden of this collection of information is estimated to average 6 hours 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, Georgia 30333; ATTN: PRA (0920-0870)

# Program Information: Contact Information Page

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Contact Information | Program Summary

## 2011-2012 Program Information

### Edit Contact Information

Last Update

Organization Name:

Grantee Number:

Announcement Number:

DUNS Number:

\*Telephone:    ext.

FAX:

Web Address:

\*Program Mailing Address:

\*Address Line 1

Address Line 2

\*City, State Zip    -

\*Program Shipping Address:

Same as Program Mailing Address

\*Address Line 1

Address Line 2

\*City, State Zip    -

Principal Investigator:

No Principal Investigator entered.

Same as Program Mailing Address

Address Line 1

Address Line 2

City, State Zip    -

Business/Financial Official:

No Business/Financial Official entered.

Program/Project Manager/Director:

No Program/Project Manager/Director entered.

CDC Grants Management Specialist:

No information available.

CDC Project Officer:

Name	Component	Email	Phone
No information available.			

Save

Cancel

# Program Information: Program Summary Page

Chronic Disease MIS: DELTA

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Contact Information | [Program Summary](#)

2011-2012 Program Information

\*Required

[Edit Program Summary](#)

Last Updated: 02/04/2011

\*Grantee Type:

State/Territorial Domestic Violence Coalition (STDVC)

\*Executive Summary:

Text goes here...

Characters: 14 / Maximum: 5000

Save

Cancel

# Resources: Personnel

Chronic Disease MIS: DELTA

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## 2011-2012 Resources

**\*Required**

### Add Personnel

Last Updated: 02/04/2011

#### Position Details

\*Position:    
Other (specify):

Program/Project Coordinator/Specialist Type:

\*Position Status:  Vacant  Filled

\*Position Description:   

Text goes here...

  
Characters: 14 / Maximum: 500

#### Search for Existing Personnel

Find Personnel:  [Reset Personnel Details](#)

#### Personnel Details

\*Salutation:

\*First Name:

Middle Name:

\*Last Name:

\*Status:  Active   (mm/dd/yyyy)   
 Inactive   (mm/dd/yyyy)

\*Telephone:    ext

FAX:

\*Email:

\*Employment Type:  Grantee Employee   
 Contract Employee   
 Other (specify):

\*Related Program  
Involvement and Program  
Time Allocation:

Select all that apply for this personnel member:

**DELTA**

DELTA  %

**Collaborative**

Behavioral Risk Factor Surveillance  %

Diabetes  %

Healthy Communities

Tobacco Control  %

**CCC**

Comprehensive Cancer Control  %

**Healthy Communities ACHIEVE**

ACHIEVE  %

**CTG**

Community Transformation Grants  %

**CTG - National**

Public Health Prevention Fund: National Dissemination  
and Support for Community Transformation Grants  %

**Diabetes Vulnerable Populations**

Diabetes Vulnerable Populations  %

**Consolidated FOA - Pacific Island Jurisdictions**

Affiliated Pacific Island Collaborative Performance Agreement  %

**Coordinated Chronic Disease Prevention and Health Promotion**

Coordinated Chronic Disease Prevention and Health Promotion  %

Association to Action Plan	Time Frame
No activities assigned.	

Save

Cancel

# Resources: Partner

## Chronic Disease MIS: DELTA

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<b>Personnel</b>   <a href="#">Partners</a>   <a href="#">Contracts/Consultants</a>   <a href="#">Leadership Team</a>										

### 2011-2012 Resources

**\*Required**

#### Add Partner

Last Updated: 02/04/2011

\*Status:  Active  (mm/dd/yyyy)   
 Inactive  (mm/dd/yyyy)

\*Find Partner:

\*Partner Name:

\*Programs Involved: Select all that apply for this personnel member:

#### DELTA

DELTA  %

#### Collaborative

Behavioral Risk Factor Surveillance  %

Diabetes  %

Healthy Communities

Tobacco Control  %

#### CCC

Comprehensive Cancer Control  %

#### Healthy Communities ACHIEVE

ACHIEVE  %

#### CTG

Community Transformation Grants  %

#### CTG - National

Public Health Prevention Fund: National Dissemination and Support for Community Transformation Grants  %

#### Diabetes Vulnerable Populations

Diabetes Vulnerable Populations  %

#### Consolidated FOA - Pacific Island Jurisdictions

Affiliated Pacific Island Collaborative Performance Agreement  %

#### Coordinated Chronic Disease Prevention and Health

Coordinated Chronic Disease Prevention and Health  %

\*Partner Type:

Other (specify):

\*Setting/Sector Represented:

Other (specify):

Assignment to Action Plan	Timeline
No activities assigned.	

# Resources: Contracts/Consultants

Chronic Disease MIS: DELTA

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## 2011-2012 Resources

**\*Required**

### Add Contract/Consultant

**Last Updated:** 02/04/2011

\*Contract Status:  Awarded  Not Awarded

\*Primary Role in Program:    
Other (specify):

\*Organization Name:

\*Organization Type:    
Other (specify):

\*Organization's Status on Contract:  Active  Inactive

\*Is contract funded by this FOA?  Yes  No

Assignment to Action Plan	Timeline
No activities assigned.	

# Resources: Leadership Team

Chronic Disease MIS: DELTA

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2011-2012 Resources

**\*Require**

**Edit Leadership Team**

**Last Updated: 02/04/201**

\*Leadership Team Name:

\*Members:

Organization Name <input style="width: 95%;" type="text"/>	Organization Role <input style="width: 95%;" type="text"/>	Organization Type Select <input style="width: 95%;" type="text"/> <input type="button" value="Add"/>
Other (specify): <input style="width: 100%;" type="text"/>		
<b>Organization Name</b>	<b>Organization Role</b>	<b>Organization Type</b>

\*Setting/Sector Represented:

- Business Leaders/Business Community:
- Child Welfare Agencies:
- Civic/Volunteer Organizations:
- Community/Neighborhood Group:
- Cooperative Extension:
- Disability Services:
- Dual Intimate Partner and Sexual Violence Agency:
- Health Services:
- Housing:
- Secondary Education (High School)
- Higher Education (College, University, Trade School)
- Intimate Partner Violence Agency
- Justice Systems/Courts
- Law Enforcement
- LGBTQ Serving Organization
- Media
- Mental Health
- Middle/Intermediate School Education
- Preschool-Elementary School Education
- Racial/Ethnic Organization or Group
- Religious/Faith-Based Organization or Group/Transportation
- Youth Serving/ Based Organization or Group
- Other (Specify)



\*How were Leadership Team Members Identified?

ABC

Text goes here...

Characters: 14 / Maximum: 500

\*How is the Leadership Team engaged in the development, implementation, and ongoing review and updating of the State Action Plan and the as needed reviewing and updating of existing state plans for IPV primary prevention?

ABC

Text goes here...

Characters: 14 / Maximum: 500

\*How is the Leadership Team engaged in identifying and addressing barriers and system support opportunities, ensuring linkages between state and local level prevention strategies, and reducing system duplications?

ABC

Text goes here...

Characters: 14 / Maximum: 500

\*Summarize the frequency, structures and processes for communication within the Leadership Team (e.g. meeting frequency, succession planning, orientations, etc.)

ABC

Text goes here...

Characters: 14 / Maximum: 500

Association to Action Plan	Time Frame

Save Cancel

# Resources: SDVC Structure

Chronic Disease MIS: DELTA

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## 2011-2012 Resources

\*Req

### Edit SDVC Structure

Last Updated: 02/04/

\*SDVC Membership Composition:

DV Direct Victim Service Providers

Other (specify):

\*Does the SDVC fund its member organizations?

Yes

No

\*SDVC Board Members

Organization Name	Organization Type	
<input type="text"/>	<input type="text" value="Select"/> <input type="button" value="Add"/>	<input type="text" value="Other (specify):"/>
		<a href="#">Edit</a>   <a href="#">Delete</a>
		<a href="#">Edit</a>   <a href="#">Delete</a>
		<a href="#">Edit</a>   <a href="#">Delete</a>

\*SDVC mission statement  
(If your SDVC does not have a mission statement please indicate this in your response)

Text goes here...

Characters: 14 / Maximum: 500

\*SDVC Vision Statement  
(If your SDVC does not have a vision statement please indicate this in your response)

Text goes here...

Characters: 14 / Maximum: 500

\*Does your SDVC have a strategic plan?

Yes

\*Attach Strategic Plan

File size cannot exceed 10MB

No

\*Association of SDVC Board to Action Plan Activities

Association to Action Plan	Time Frame

# Planning: Standard Data Sources

Chronic Disease MIS: DELTA



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[Data Sources](#) | 
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2011-2012 Planning

Edit Standard Data Sources

Last Updated: 0:

\*Standard Data Sources:

Most Recent Data Set Year

<input checked="" type="checkbox"/> Adult Tobacco Survey (ATS)	2009
<input checked="" type="checkbox"/> Air Quality Monitoring	2010
<input checked="" type="checkbox"/> American Cancer Society Facts and Figures	2010
<input type="checkbox"/> American Indian Tobacco Survey	
<input type="checkbox"/> Behavioral Risk Factor Surveillance System (BRFSS) - Core Modules	
<input type="checkbox"/> BRFSS Adult HPV	2010
<input type="checkbox"/> BRFSS Cancer Survivors (core)	
<input type="checkbox"/> BRFSS Cancer Survivors (optional)	2010
<input type="checkbox"/> BRFSS Child HPV	
<input checked="" type="checkbox"/> BRFSS Colorectal Cancer Screening	2010
<input checked="" type="checkbox"/> BRFSS Prostate Cancer Screening	2010
<input checked="" type="checkbox"/> BRFSS Women's Health	2010
<input type="checkbox"/> Centers for Medicare and Medicaid Services (CMS)	
<input type="checkbox"/> Chronic Disease Indicators	
<input type="checkbox"/> Community Health Assessment and Group Evaluation (CHANGE)	
<input type="checkbox"/> Community Health Status Indicators (CHSI)	
<input type="checkbox"/> CPPW BRFSS	
<input type="checkbox"/> FitnessGram	
<input type="checkbox"/> Health Plan Employer Data and Information Set (HEDIS)	
<input type="checkbox"/> Hospital Discharge Data	
<input type="checkbox"/> Indian Health Service	
<input type="checkbox"/> Kaiser Foundation	2010
<input type="checkbox"/> National Adult Tobacco Survey	
<input type="checkbox"/> National Cancer Data Base (NCDB)	
<input type="checkbox"/> National Health and Nutrition Examination Survey (NHANES)	
<input type="checkbox"/> National Health Interview Survey (NHIS)	
<input type="checkbox"/> National Immunization Survey (NIS)	
<input type="checkbox"/> National Intimate Partner and Sexual Violence Survey (NISVS)	
<input type="checkbox"/> National Program of Cancer Registries	2009
<input type="checkbox"/> National Youth Tobacco Survey (NYTS)	
<input type="checkbox"/> Pediatric Nutrition Surveillance System (PedNSS)	
<input type="checkbox"/> Pregnancy Nutrition Surveillance System (PNSS)	
<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System (PRAMS)	
<input type="checkbox"/> REACH Risk Factor Surveillance System	
<input type="checkbox"/> School Health Education Profile	
<input type="checkbox"/> State HANES	
<input type="checkbox"/> State Health Interview Survey	
<input type="checkbox"/> Surveillance Epidemiology and End Results (SEER) Program	2008
<input type="checkbox"/> U.S. Census	2009
<input type="checkbox"/> United States Renal Data System (USRDS)	
<input type="checkbox"/> Women, Infants, and Children (WIC)	
<input type="checkbox"/> Youth Risk Behavior Surveillance System (YRBSS)	2009
<input type="checkbox"/> Other (specify): <input type="text"/>	

Association to Action Plan

# Planning: Data Sources – Other Data Sources

Chronic Disease MIS: DELTA

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Data Sources | Evaluation | Plans and Logic Models

2011-2012 Planning

\*Require

Add Other Data Source

Last Updated: 02/04/201

\*Data Source Name:

\*Population Sampled:

ABC

Text goes here...

Characters: 14 / Maximum: 500

\*Collection Methods:

ABC

Text goes here...

Characters: 14 / Maximum: 500

\*Frequency:  Ongoing Collections  Single Collection

\*Most Recent Year Collected:  (YYYY)

# Planning: Evaluation

Chronic Disease MIS: DELTA

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<a href="#">Data Sources</a>   <a href="#">Evaluation</a>   <a href="#">Plans and Logic Models</a>										

2011-2012 Planning

**\*Required**

[Evaluation](#) [edit](#) | [attachments](#)

\*Do you have your Evaluability Assessment Procedure for your Strategies?

Yes

Enter Date:

[\\*Attach Evaluability Assessment Procedure \(21MB\)](#)

Evaluability Assessment procedure includes learning about the following core elements about the program:

- Program Design / Program Theory
- Existing data quality & availability
- Infrastructure & capacity for data collection
- Resources

Evaluability Assessment procedure includes the following data collection methods:

- Document Review
- Secondary Data Analysis
- Interviews with Key Stake-holders
- Observation
- Other

No

Expected Completion Date:

\*What is your progress to date on conducting an Evaluability Assessment for your Strategies?

Text goes here...

Characters: 14 / Maximum: 500

\*Do you have the findings/summary report from Evaluability Assessment of your Strategies?

Yes

Enter Date:

[\\*Attach Evaluability Assessment Finding/Summary Report \(3MB\)](#)

\*Evaluability Assessment findings/summary includes the following core elements:

- Description of data collection methods and process
- Key Findings
- Theory of change
- Logic model
- Recommendations
- Identifies areas for improvement
- Identifies components that can be evaluated
- Identifies feasible and useful evaluation questions

No

Expected Completion Date:

\*What is your progress to date on developing the findings/summary report from the Evaluability Assessment of your Strategies?

Text goes here...

Characters: 14 / Maximum: 500

\*Do you have your Evaluation Plan?

Yes

Enter Date:  

\*Attach Evaluation Plan (5MB)

\*Evaluation Plan includes the following core elements:

- Clear Link to Findings from Evaluability Assessment
- Data Collection (Quantitative and Qualitative) and Analyses Methods
- How the Action Plan Goals/Objectives Link to Outcomes
- Concrete Activities for the Implementation of a Data-to-Action Process
- Potential Effects of Selected Activities
- Plans for Communication and Utilization of Evaluation Findings
- Short-term Measures of Success
- Intermediate Measures of Success
- Long-term Measures of Success

No

\*Expected Completion Date:  

\*Describe your progress to date on developing your Evaluation Plan:

ABC  
Text goes here...

Characters: 14 / Maximum: 500

\*Do you have any evaluation findings to share?

Yes

Enter Date:  

\*Attach Findings

\*Evaluation findings describe the following core elements:

- Evaluation Purpose
- Evaluation Methods
- Results
- Unanticipated Outcomes
- Limitations
- Recommendations

No

Expected Date:

Describe the progress to date on your evaluation activities:

ABC  
Text goes here...

Characters: 14 / Maximum: 500

\*Were the Evaluation Findings utilized?

Yes

Program Improvement:

ABC ✓

Text goes here...

Characters: 14 / Maximum: 500

Dissemination to Partners and Stakeholders:

ABC ✓

Text goes here...

Characters: 14 / Maximum: 500

Leverage Additional Funding Support:

ABC ✓

Text goes here...

Characters: 14 / Maximum: 500

No

Expected Date:  

Describe the progress to date on your activities to utilize evaluation findings:

ABC ✓

Text goes here...

Characters: 14 / Maximum: 500

## Planning: Evaluation Documents (Attachments)

Chronic Disease MIS: DELTA

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Data Sources   Evaluation   Plans and Logic Models										

2011-2012 Planning

**\*Required**

Add Evaluation Attachment

Last Updated: 02/04/2011

\*Document Title:

\*File Name and Location:   File size cannot exceed 10MB

\*Date Revised:   (mm/dd/yyyy)

\*Type:

Other (specify):



# Planning: Plans and Logic Models

Chronic Disease MIS: DELTA

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2011-2012 Planning

**\*Required**

Add Plans and Logic Models

Last Updated: 02/04/2011

\*Document Title:

\*File Name and Location:   File size cannot exceed 10MB

\*Date Revised:   (mm/dd/yyyy)

\*Type:

Others (specify):

# Financial: Leveraged Funds

Chronic Disease MIS: DELTA

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Leveraged Funds | In-kind Funds

2011-2012 Financial

**\*Required**

Add Leveraged Funds

Last Updated: 02/04/2011

- \*Source of Funds:
- SDVC Discretionary Funds/Membership Dues
  - Federal Government - OVW
  - Rape Prevention Education (RPE)
  - Federal Government - (specify)
  - State Government - (specify)
  - Local Government
  - Foundations - (specify)
  - Private Sector - (specify)

\*Organization Type:    
Other (specify):

\*Amount of Funds: \$

\*Description:   
Characters: 14 / Maximum: 500

# Financial: In-Kind

Chronic Disease MIS: DELTA

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Leveraged Funds | [In-kind Funds](#)

2011-2012 Financial

**\*Required**

Edit In Kind Contributions

Last Updated: 02/04/2011

Summary of Contributions:	Meeting/Conference Support	\$	<input type="text"/>
	Media/Publishing	\$	<input type="text"/>
	Personnel	\$	<input type="text"/>
	Publishing	\$	<input type="text"/>
	Supplies	\$	<input type="text"/>
	Travel	\$	<input type="text"/>
	Other (specify):		<input type="text"/>
		\$	<input type="text"/>
	Other (specify):		<input type="text"/>
		\$	<input type="text"/>
	Other (specify):		<input type="text"/>
		\$	<input type="text"/>
	Total Contributions:	\$	

Attach Additional Details:   File size cannot exceed 10MB

Attached:

Note: Attaching a second file will overwrite the existing file.

# Action Plan: Project Period Objective

Chronic Disease MIS: DELTA

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2011-2012 Action Plan

**\*Required**

Action Plan Summary

Last Updated: 02/04/2011

<input type="button" value="Add PPO"/>	<b>Add Project Period Objective</b>
<div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>	<p><b>*Objective ID:</b> <input type="text"/></p> <p><b>*Related Program Goal:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Creation and facilitation of state level leadership teams to inform implementation of IPV primary prevention strategies (6)</li><li><input type="checkbox"/> Implementation of state level IPV primary prevention strategies (8)</li><li><input type="checkbox"/> Implementation of local level IPV primary prevention strategies through funding and support of local CCRs and provision of systematic and intensive trainings and technical assistance to local CCR(s) (1-4)</li><li><input type="checkbox"/> Enhancement, integration and institutionalization of primary prevention principles, concepts and practices within state domestic violence coalitions (5&amp;7)</li><li><input type="checkbox"/> Creation of, participation in and maintenance of national level dialogue on IPV primary prevention (9 &amp; 10)</li><li><input type="checkbox"/> Evaluation of state and local level IPV primary prevention strategies (11-15)</li></ul> <p><b>*Priority Area</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Positive Social Norm Messaging of Healthy Relationships/Healthy Communities</li><li><input type="checkbox"/> Proactive Bystander Behavior</li><li><input type="checkbox"/> Intolerance of IPV Perpetration</li><li><input type="checkbox"/> Accurate Media Reporting of IPV</li><li><input type="checkbox"/> Prevention-focused Media Portrayals of IPV</li><li><input type="checkbox"/> Gender-Equitable Social Norms</li><li><input type="checkbox"/> Gender-Equitable Systems, Laws and Policies</li><li><input type="checkbox"/> Interruption of IPV</li><li><input type="checkbox"/> Men and Boys Speaking Out Against IPV</li><li><input type="checkbox"/> Environments to Disrupt IPV</li><li><input type="checkbox"/> Improved Social and Economic Conditions Known to Impact IPV</li><li><input type="checkbox"/> Improved Monitoring of IPV Prevalence and Incidence</li><li><input type="checkbox"/> Enforcement of Policies or Laws Protecting People from IPV</li><li><input type="checkbox"/> Publicity Generation of Existing Laws or Policies that Discourage or Inadvertently Encourage IPV</li><li><input type="checkbox"/> Health Impact Assessments of Existing or Proposed Policies for IPV Impacts</li><li><input type="checkbox"/> New Partners and Sectors Engaged in IPV Prevention Strategies</li><li><input type="checkbox"/> Other (specify): <input type="text"/></li></ul> <p><b>*Describe the objective and how it will impact the problem:</b></p> <div style="border: 1px solid #ccc; padding: 5px;"><p>Text goes here...</p><p style="font-size: small;">Characters: 14 / Maximum: 2000</p></div>

**\*Measurement:**  
(This section creates the SMART Objective Statement)

<b>Direction of Change:</b> Select	<b>Unit of Measurement:</b> Select
---------------------------------------	---------------------------------------

**What Will Be Measured?**  
Enter text here

<b>Baseline:</b> <input type="text"/>	<b>Target:</b> <input type="text"/>
--	--

Unknown

**Data Source:**  
Select

**Other (specify):**

**Time Frame:** Start Date: 08/05/2011 End Date: 08/05/2011

---

**Revisions**

**\*Revisions**

ABC

Text goes here...

Characters: 14 / Maximum: 500

Save Cancel

# Action Plan: Project Period Objective Progress

Chronic Disease MIS: DELTA

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2011-2012 Action Plan

**\*Required**

## Action Plan Summary

### Add Project Period Objective Progress

Related Project Period Objective: Increase the number of... from... to... by 06/2010

\*Progress Period:

\*Objective's Target Met:  Yes  No  Ongoing

\*Current Measurement:   Unknown at this time

\*Describe progress:

Text goes here...

Characters: 14 / Maximum: 500

\*Facilitating Factors of Success:

Text goes here...

Characters: 14 / Maximum: 500

\*Barriers/Issues Encountered:

Text goes here...

Characters: 14 / Maximum: 500

\*Plans to Overcome Barriers/Issues Encountered:

Text goes here...

Characters: 14 / Maximum: 500

Unanticipated  
Outcomes  
Resulting from  
the Objective:

ABC ✓

Text goes here...

Characters: 14 / Maximum: 500

\*Describe  
specific  
partner  
contributions  
including  
activities that  
supported this  
progress:

ABC ✓

Text goes here...

Characters: 14 / Maximum: 500

Save

Cancel

# Action Plan: Annual Objective

Chronic Disease MIS: DELTA

[Help](#) [Log out](#)

- System Admin
- FOAs & Recipients
- Technical Assistance
- Program Information
- Resources
- Financial
- Planning
- Action Plan**
- Community Information
- Reports
- Search

2011-2012 Action Plan

**\*Required**

Action Plan Summary

Last Updated: 02/04/2011

Add PPO

## Add Annual Objective

Related Project Period Objective: Increase the number of... from... to... by 06/2010

\*Objective ID:

- \*Related FOA Recipient Activity:
- Supporting Primary Prevention at the Local Level
  - Supporting IPV Primary Prevention at the State Level
  - Supporting IPV Primary Prevention at the National Level
  - Supporting Evaluation at the Local and State Levels
  - Program Administration and Reporting

\*Describe the objective and how it will impact the problem:

Text goes here...

Characters: 14 / Maximum: 2000

- \*Strategy:
- N/A - Capacity Building Objective
  - Working with Boys and Men
  - Community Engagement
  - Coalition Building
  - Policy
  - Organizational Policy
  - Social Norms Change
  - Social Determinants of Health
  - Structural Determinants of Health
  - Bystander
  - Media
  - Health Impact Assessment
  - Systems Change and/or Coordination
  - Other (specify)

\*Describe the Strategy (e.g. Components, Implementation, Adaptation)

Text goes here...

Characters: 14 / Maximum: 2000

\*Identify the Rationale/ Approach for the Strategy:

### Evidence Based Guidelines/Recommendations

- Practice-based
- Evidence-based
- Evidence Informed
- N/A - Capacity Building Objective



\*Describe the Evidence/  
Practice Base  
for the Strategy

ABC

Text goes here...

Characters: 14 / Maximum: 500

\*Scope:

- National
- Multi-State Region
- State
- Tribe/Tribal Organization
- Multi-City
- City
- Multi-County
- County
- Individual School
- Multiple School District
- School Districts
- Multiple Neighborhoods
- Neighborhood
- University/College Campus
- Other - Capacity Building

\*Level of  
Change:

- Individual
- Relational
- Community
- Societal
- Other - Capacity Building
- Other  
(specify):

\*Type of  
Change:

- Awareness
- Knowledge
- Attitude
- Belief
- Behavior
- Community Engagement
- Social Norm
- Systems Change
- Organizational Policy
- Policy
- Organizational Structure and/or Practice
- Other - Capacity Building

\*Cross-cutting  
issues:

- Child Maltreatment
- Child Sexual Abuse
- Gender Equity
- Healthy & Active Community
- Poverty
- Reproductive Health
- Sexual Violence
- Substance Abuse
- Suicide
- Teen Dating Violence
- Youth Violence
- Other  
(specify):

**\*Population Focus:**

**General Population**

**Specific Population**

- Gender  Female  
 Male  
 Transgender
- Sexual Identity  Bisexual  
 Gay  
 Heterosexual  
 Lesbian  
 Questioning
- Race  African American or Black  
 American Indian or Alaska Native  
 Asian Indian  
 Chinese  
 Filipino  
 Guamanian or Chamorro  
 Japanese  
 Korean  
 Native Hawaiian or Other Pacific Islander  
 Other Asian (specify)   
 Samoan  
 Vietnamese  
 White  
 Other (specify):


- Ethnicity  Hispanic or Latino  
 Not Hispanic or Latino

- Age **Infants and Toddlers**  
 0-1 Years  
 2-3 Years
- Children**  
 4-11 Years
- Adolescents**  
 12-17 Years  
 18-19 Years
- Adults**  
 20-24 Years  
 25-39 Years  
 40-49 Years
- Older Adults**  
 50-64 Years  
 65 Years and Older

- Geography  Rural  
 Urban  
 Suburban  
 Frontier

- Other Populations  Socioeconomic Status (SES) (specify)   
 Disability  
 Other (specify):




Additional Population Details



Text goes here...

Characters: 14 / Maximum: 500


\*Measurement:  
(This section  
creates the  
SMART Objective  
Statement)

Direction of Change:	Unit of Measurement:
Select 	Select 
What Will Be Measured?	
<input type="text" value="Enter text here"/>	
Baseline:	Target:
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Unknown	
Data Source:	
Select 	
Other (specify):	<input type="text"/>

Time Frame: Start Date:   End Date:  

### Revisions

\*Describe revisions:



Characters: 14 / Maximum: 500

# Action Plan: Annual Objective Progress

Chronic Disease MIS:

[Help](#) [Log out](#)

- System Admin
- FOAs & Recipients
- Technical Assistance
- Program Information
- Resources
- Financial
- Planning
- Action Plan**
- Community Information
- Reports
- Search

2011-2012 Action Plan

**\*Required**

Action Plan Summary

Last Updated: 02/04/2011

Add PPO

## Add Annual Objective Progress

Related Project  
Period Objective: Increase the number of... from... to... by 06/2010

\*Progress Period:

\*Objective's Target Met:  Yes  No  Currently Ongoing

\*Current Measurement:   Unknown at this time

\*Describe progress:

Text goes here...

Characters: 14 / Maximum: 500

\*Facilitating Factors of Success:

Text goes here...

Characters: 14 / Maximum: 500

\*Barriers/Issues Encountered:

Text goes here...

Characters: 14 / Maximum: 500

\*Plans to Overcome Barriers/Issues Encountered:

Text goes here...

Characters: 14 / Maximum: 500

Unanticipated  
Outcomes  
Resulting from  
the Objective:

ABC

Text goes here...

Characters: 14 / Maximum: 500

\*Describe  
specific  
partner  
contributions  
including  
activities that  
supported this  
progress:

ABC

Text goes here...

Characters: 14 / Maximum: 500

Save

Cancel

# Action Plan: AO Activity

Chronic Disease MIS: DELTA

[Help](#) [Log out](#)

[System Admin](#)
[FOAs & Recipients](#)
[Technical Assistance](#)
[Program Information](#)
[Resources](#)
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[Planning](#)
[Action Plan](#)
[Community Information](#)
[Reports](#)
[Search](#)

2011-2012 Action Plan

**\*Required**

## Action Plan Summary

[Add PPO](#)

### Add Annual Objective Activity

Related Annual Objective: Increase the number of... from... to... by 06/2010

\*Activity ID:

\*Activity Title:

\*Activity Description: 

Text goes here...

  
Characters: 14 / Maximum: 2000

\*Lead Personnel Assigned:

\*Key Contributing Partners:  No Partners Assigned

- \*Primary Contributions  
 Select up to 3 primary contributions below for the selected partner.
- Communication
  - Leadership
  - Conference Support
  - Media
  - Consultation
  - Planner
  - Data Analysis
  - Personnel
  - Epidemiology
  - Promoter
  - Equipment
  - Supplies and/or Equipment
  - Evaluation
  - Training/Education
  - Funding
  - Travel Assistance
  - Influencer
  - Other
  - Implementer (specify)

[Add](#)

Partner Name	Primary Contributions	
		<a href="#">edit</a>   <a href="#">delete</a>
		<a href="#">edit</a>   <a href="#">delete</a>
		<a href="#">edit</a>   <a href="#">delete</a>

\*Key Contributing Contract/Consultant:  No Contract/Consultants Assigned

Select

**\*Primary Contributions**

Select up to 3 primary contributions from the list below for the selected partner.

- Communication
- Leadership
- Conference Support
- Media
- Consultation
- Planner
- Data Analysis
- Personnel
- Epidemiology
- Promoter
- Equipment
- Supplies and/or Equipment
- Evaluation
- Training/Education
- Funding
- Travel Assistance
- Influencer
- Other
- Implementer

(specify)

Contract/Consultant Name	Primary Contributions	
		<a href="#">edit</a>   <a href="#">delete</a>
		<a href="#">edit</a>   <a href="#">delete</a>
		<a href="#">edit</a>   <a href="#">delete</a>

\*Timeframe Start Date:

\*Timeframe End Date:

# Action Plan: AO Product

Chronic Disease MIS: DELTA

[Help](#) [Log out](#)

- System Admin
- FOAs & Recipients
- Technical Assistance
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- Resources
- Financial
- Planning
- Action Plan**
- Community Information
- Reports
- Search

2011-2012 Action Plan

**\*Required**

Action Plan Summary

Last Updated: 02/04/2011

\_\_\_\_\_

### Add Annual Objective Product

Related Annual Objective:

\*Product Title:

\*Product Description:

Characters: 14 / Maximum: 500

\*Product Type:

Other (specify):

Attachment:   File size cannot exceed 10MB



# Community - Add Community Information

Chronic Disease MIS:

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- System Admin
- FOAs & Recipients
- Technical Assistance
- Program Information
- Resources
- Financial
- Planning
- Action Plan
- Community Information
- Reports
- Search

2011-2012 Community Action Plan

**\*Required**

Add Community

Last Updated: 02/04/2011

Add Community

### Add Community

**\*Community Name:**

**\*Year Funded:**

**\*Status:**  Active  Inactive

**\*Coalition Name:**

**\*Coalition Role:**

**\*Members:**

Organization Name

Organization Role

Organization Type (select one):  
 ▼

Other (specify):

<b>*Setting/Sector Represented:</b>	<b># of members:</b>
Business Leaders/Business Community:	<input style="width: 50px;" type="text"/>
Child Welfare Agencies:	<input style="width: 50px;" type="text"/>
Civic/Volunteer Organizations:	<input style="width: 50px;" type="text"/>
Community/Neighborhood Group:	<input style="width: 50px;" type="text"/>
Cooperative Extension:	<input style="width: 50px;" type="text"/>
Disability Services:	<input style="width: 50px;" type="text"/>
Dual Intimate Partner and Sexual Violence Agency:	<input style="width: 50px;" type="text"/>
Health Services:	<input style="width: 50px;" type="text"/>
Housing:	<input style="width: 50px;" type="text"/>
Secondary Education (High School)	<input style="width: 50px;" type="text"/>
Higher Education (College, University, Trade School)	<input style="width: 50px;" type="text"/>
Intimate Partner Violence Agency	<input style="width: 50px;" type="text"/>
Justice Systems/Courts	<input style="width: 50px;" type="text"/>
Law Enforcement	<input style="width: 50px;" type="text"/>
LGBTQ Serving Organization	<input style="width: 50px;" type="text"/>
Media	<input style="width: 50px;" type="text"/>
Mental Health	<input style="width: 50px;" type="text"/>
Middle/Intermediate School Education	<input style="width: 50px;" type="text"/>
Preschool-Elementary School Education	<input style="width: 50px;" type="text"/>
Racial/Ethnic Organization or Group	<input style="width: 50px;" type="text"/>
Religious/Faith-Based Organization or Group	<input style="width: 50px;" type="text"/>
Transportation	<input style="width: 50px;" type="text"/>
Youth Serving/ Based Organization or Group	<input style="width: 50px;" type="text"/>
Other (Specify)	<input style="width: 50px;" type="text"/>

\*How were coalition members identified?

Text goes here...

Characters: 14 / Maximum: 500

\*How are coalition members engaged in the development, implementation and ongoing review and updating of the Community Action Plan for IPV prevention strategies?

Text goes here...

Characters: 14 / Maximum: 500

\*Summarize the frequency, structures and processes for communication within the coalition (e.g. meeting frequency, succession planning, orientations, etc.)

Text goes here...

Characters: 14 / Maximum: 500

\*Describe the collaboration(s) that contributed most to local-level success:

Text goes here...

Characters: 14 / Maximum: 500

\*Describe any collaboration(s) that hindered local-level progress/success:

Text goes here...

Characters: 14 / Maximum: 500

\*Describe the process and rationale for prioritization of the community action plan:

Text goes here...

Characters: 14 / Maximum: 500

Save Cancel

# Community - CAP: Project Period Objective

Chronic Disease MIS:

[Help](#) [Log out](#)

<a href="#">System Admin</a>	<a href="#">FOAs &amp; Recipients</a>	<a href="#">Technical Assistance</a>	<a href="#">Program Information</a>	<a href="#">Resources</a>	<a href="#">Financial</a>	<a href="#">Planning</a>	<a href="#">Action Plan</a>	<a href="#">Community Information</a>	<a href="#">Reports</a>	<a href="#">Search</a>
------------------------------	---------------------------------------	--------------------------------------	-------------------------------------	---------------------------	---------------------------	--------------------------	-----------------------------	---------------------------------------	-------------------------	------------------------

2011-2012 Community Action Plan

**\*Required**

Add Community

Last Updated: 02/04/2011

[Add Community](#)

## Add Community Project Period Objective

\*Objective ID:

\*Priority Area

- Positive Social Norm Messaging of Healthy Relationships/Healthy Communities
- Proactive Bystander Behavior
- Intolerance of IPV Perpetration
- Accurate Media Reporting of IPV
- Prevention-focused Media Portrayals of IPV
- Gender-equitable social norms
- Gender-equitable Systems, Laws and Policies
- Interruption of IPV
- Men and Boys Speaking Out Against IPV
- Environments to Disrupt IPV
- Improved Social and Economic Conditions Known to Impact IPV
- Improved Monitoring of IPV Prevalence and Incidence
- Enforcement of Policies or Laws Protecting People from IPV
- Publicity Generation of Existing Laws or Policies that Discourage or Inadvertently Encourage IPV
- Health Impact Assessments of Existing or Proposed Policies for IPV Impacts
- New Partners and Sectors Engaged in IPV Prevention Strategies
- Other (specify):

\*Describe the objective and how it will impact the problem:

Text goes here...

Characters: 14 / Maximum: 2000

\*Measurement:

Direction of Change:  Unit of Measurement:

What will be measured?  
  
Characters: 0 / Maximum: 200

Baseline:  Target:

Unknown

Primary Data Source:

Secondary Data Source:

\*Timeframe:

\*Start Date:

\*End Date:

# Community - CAP: Project Period Objective Progress

Chronic Disease MIS:

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- System Admin
- FOAs & Recipients
- Technical Assistance
- Program Information
- Resources
- Financial
- Planning
- Action Plan
- Community Information
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- Search

2011-2012 Community Action Plan

\*Required

Add Community

Last Updated: 02/04/2011

Add Community

## Add Community Project Period Objective Progress



Related Project Period Objective: Increase the number of... from... to... by 06/2010

\*Progress Period:

\*Objective's Target Met:  Yes  No  Currently Ongoing

\*Current Measurement:   Unknown at this time

\*Describe progress:

Characters: 14 / Maximum: 500

\*Facilitating Factors of Success:

Characters: 14 / Maximum: 500

\*Barriers/Issues Encountered:

Characters: 14 / Maximum: 500

\*Plans to Overcome Barriers/Issues Encountered:

Characters: 14 / Maximum: 500

Unanticipated  
Outcomes  
Resulting from  
the Objective:

ABC

Text goes here...

Characters: 14 / Maximum: 500

\*Describe  
specific  
partner  
contributions  
including  
activities that  
supported this  
progress:

ABC

Text goes here...

Characters: 14 / Maximum: 500

Save

Cancel

# Community - CAP: Add Annual Objective

Chronic Disease MIS:

[Help](#) [Log out](#)

- System Admin
- FOAs & Recipients
- Technical Assistance
- Program Information
- Resources
- Financial
- Planning
- Action Plan
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- Search

2011-2012 Community Action Plan

**\*Required**

Add Community

Last Updated: 02/04/2011

Add Community

## Add Community Annual Objective

Related Project Period Objective: Increase the number of... from... to... by 06/2010

\*Objective ID:

- \*Strategy:
- N/A - Capacity Building Objective
  - Working with Boys and Men
  - Community Engagement
  - Coalition Building
  - Policy
  - Organizational Policy
  - Social Norms Change
  - Social Determinants of Health
  - Structural Determinants of Health
  - Bystander
  - Media
  - Health Impact Assessment
  - Systems Change and/or Coordination
  - Other (specify)

\*Describe the Strategy (e.g. Components, Implementation, Adaptation

Text goes here...

Characters: 14 / Maximum: 500

\*Identify the Rationale/ Approach for the Strategy:

### Evidence Based Guidelines/Recommendations

- Practice-based
- Evidence-based
- Evidence Informed
- N/A - Capacity Building Objective

\*Describe the Evidence/ Practice Base for the Strategy

Text goes here...

Characters: 14 / Maximum: 500

\*Scope:

- National
- Multi-State Region
- State
- Tribe/Tribal Organization
- Multi-City
- City
- Multi-County
- County
- Individual School
- Multiple School District
- School District
- Multiple Neighborhoods
- Neighborhood
- University/College Campus
- Other - Capacity Building

\*Level of Change:

- Individual
- Relational
- Community
- Societal
- Other - Capacity Building
- Other  
(specify):

\*Type of Change:

- Awareness
- Knowledge
- Attitude
- Belief
- Behavior
- Community Engagement
- Social Norm
- Systems Change
- Organizational Policy
- Policy
- Organizational Structure and/or Practice
- Other - Capacity Building

\*Cross-cutting issues:

- Child Maltreatment
- Child Sexual Abuse
- Gender Equity
- Healthy & Active Community
- Poverty
- Reproductive Health
- Sexual Violence
- Substance Abuse
- Suicide
- Teen Dating Violence
- Youth Violence
- Other  
(specify):



\*Population Focus:

General Population

Specific Population

- Gender  Female  
 Male  
 Transgender

- Sexual Identity  Bisexual  
 Gay  
 Heterosexual  
 Lesbian  
 Questioning

- Race  African American or Black  
 American Indian or Alaska Native  
 Asian Indian  
 Chinese  
 Filipino  
 Guamanian or Chamorro  
 Japanese  
 Korean  
 Native Hawaiian or Other Pacific Islander  
 Other Asian (specify)   
 Samoan  
 Vietnamese  
 White  
 Other (specify):

- Ethnicity  Hispanic or Latino  
 Not Hispanic or Latino

- Age  
Infants and Toddlers  
 0-1 Years  
 2-3 Years  
Children  
 4-11 Years  
Adolescents  
 12-17 Years  
 18-19 Years  
Adults  
 20-24 Years  
 25-39 Years  
 40-49 Years  
Older Adults  
 50-64 Years  
 65 Years and Older

- Geography  Rural  
 Urban  
 Suburban  
 Frontier

- Other Populations  Socioeconomic Status (SES) (specify)   
 Disability  
 Other (specify):

Additional Population Details

agc

Text goes here...

Characters: 14 / Maximum: 500

\*Describe the objective and how it will impact the problem:

ABC

Text goes here...

Characters: 14 / Maximum: 2000

\*Measurement:  
(This section creates the SMART Objective Statement)

Direction of Change:

Unit of Measurement:

What Will Be Measured?

Baseline:

Target:

Unknown

Primary Data Source:

Secondary Data Source:

Other (specify):

\*Time Frame:

Start Date:   End Date:  

# Community - CAP: Annual Objective Progress

Chronic Disease MIS: DELTA

[Help](#) [Log out](#)

- System Admin
- FOAs & Recipients
- Technical Assistance
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- Resources
- Financial
- Planning
- Action Plan
- Community Information
- Reports
- Search

2011-2012 Action Plan

**\*Required**

Action Plan Summary

Last Updated: 02/04/2011

Add PPO

## Add Annual Objective Progress

Related Project  
Period Objective: Increase 1

\*Progress Period:

\*Objective's Target Met:  Yes  No  Currently Ongoing

\*Current Measurement:   Unknown at this time

\*Describe progress:

Text goes here...

Characters: 14 / Maximum: 500

\*Facilitating Factors of Success:

Text goes here...

Characters: 14 / Maximum: 500

\*Barriers/Issues Encountered:

Text goes here...

Characters: 14 / Maximum: 500

\*Plans to Overcome Barriers/Issues Encountered:

Text goes here...

Characters: 14 / Maximum: 500

Unanticipated  
Outcomes  
Resulting from  
the Objective:

ABC

Text goes here...

Characters: 14 / Maximum: 500

\*Describe  
specific  
partner  
contributions  
including  
activities that  
supported this  
progress:

ABC

Text goes here...

Characters: 14 / Maximum: 500

Save

Cancel

# Community - CAP: Add Activity

Chronic Disease MIS:

[Help](#) [Log out](#)

- System Admin
- FOAs & Recipients
- Technical Assistance
- Program Information
- Resources
- Financial
- Planning
- Action Plan
- Community Information
- Reports
- Search

2011-2012 Community Action Plan

**\*Required**

Add Community

Last Updated: 02/04/2011

Sumter County, AL

## Add Annual Activities

Related Annual Objective: Increase the number of... from... to... by 06/2010

\*Activity ID:

\*Activity Title:

\*Activity Description: 

Text goes here...

Characters: 14 / Maximum: 500

\*Key Contributing Coalition Members:  No Coalition Members assigned

Available		Selected
	<input type="button" value="&gt;"/>	
	<input type="button" value="&gt;&gt;"/>	
	<input type="button" value="&lt;&lt;"/>	
	<input type="button" value="&lt;"/>	

\*Time Frame: \*Start Date:  \*End Date:

# Community Product - Add page

Chronic Disease MIS:

[Help](#) [Log out](#)

- System Admin
- FOAs & Recipients
- Technical Assistance
- Program Information
- Resources
- Financial
- Planning
- Action Plan
- Community Information
- Reports
- Search

2011-2012 Community Action Plan

**\*Required**

Add Community

Last Updated: 02/04/2011

## Add Products

Related Annual Objective:

\*Product Title:

\*Product Description:

Characters: 14 / Maximum: 500

\*Product Type:

Attachment:

File size cannot exceed 10MB

# Community Evaluation- Add page

Chronic Disease MIS:

[Help](#) [Log out](#)

System Admin	FOAs & Recipients	Technical Assistance	Program Information	Resources	Financial	Planning	Action Plan	Community Information	Reports	Search
--------------	-------------------	----------------------	---------------------	-----------	-----------	----------	-------------	-----------------------	---------	--------

2011-2012 Community Action Plan

**\*Required**

Add Community Evaluation

Last Updated: 02/04/2011

\*Related Community:

\*Do you have your Evaluability Assessment Procedure for your Strategies?

Yes

Enter Date:

[\\*Attach Evaluability Assessment Procedure \(21MB\)](#)

Evaluability Assessment procedure includes learning about the following core elements about the program:

- Program Design / Program Theory
- Existing data quality & availability
- Infrastructure & capacity for data collection
- Resources

Evaluability Assessment procedure includes the following data collection methods:

- Document Review
- Secondary Data Analysis
- Interviews with Key Stake-holders
- Observation
- Other

No

Expected Completion Date:

\*What is your progress to date on conducting an Evaluability Assessment for your Strategies?

Text goes here...

Characters: 14 / Maximum: 500

\*Do you have the findings/summary report from Evaluability Assessment of your Strategies?

Yes

Enter Date:

[\\*Attach Evaluability Assessment Finding/Summary Report \(3MB\)](#)

\*Evaluability Assessment Tool includes the following core elements:

- Description of data collection methods and process
- Key Findings
- Theory of change
- Logic model
- Recommendations
- Identifies areas for improvement
- Identifies components that can be evaluated
- Identifies feasible and useful evaluation questions

No

Expected Completion Date:

\*What is your progress to date on developing the findings/summary report from the Evaluability Assessment of your Strategies?

Text goes here...

Characters: 14 / Maximum: 500

\*Do you have your Evaluation Plan?

Yes

Enter Date:  

\*[Attach Evaluation Plan \(5MB\)](#)


\*Evaluation Plan includes the following core elements:

- Clear Link to Findings from Evaluability Assessment
- Data Collection (Quantitative and Qualitative) and Analyses Methods
- How the Action Plan Goals/Objectives Link to Outcomes
- Concrete Activities for the Implementation of a Data-to-Action Process
- Potential Effects of Selected Activities
- Plans for Communication and Utilization of Evaluation Findings
- Short-term Measures of Success
- Intermediate Measures of Success
- Long-term Measures of Success

No

\*Expected Completion Date:  

\*Describe your progress to date on developing your Evaluation Plan:

ABC 

Text goes here...

Characters: 14 / Maximum: 500

\*Do you have any evaluation findings to share?

Yes

Enter Date:  

\*Attach Findings


\*Evaluation findings describe the following core elements:

- Evaluation Purpose
- Evaluation Methods
- Results
- Unanticipated Outcomes
- Limitations
- Recommendations

No

Expected Date:

Describe the progress to date on your evaluation activities:

ABC 

Text goes here...


Characters: 14 / Maximum: 500



\*Were the Evaluation Findings utilized?


Yes

Program Improvement:

 Text goes here...


Characters: 14 / Maximum: 500

Dissemination to Partners and Stakeholders:

 Text goes here...

Characters: 14 / Maximum: 500

Leverage Additional Funding Support:


 Text goes here...

Characters: 14 / Maximum: 500

No

Expected Date:  

Describe the progress to date on your activities to utilize evaluation findings:

 Text goes here...

Characters: 14 / Maximum: 500

## Community Evaluation – Evaluation Documents – List Page

**Chronic Disease MIS: DELTA**

[Help](#) [Log out](#)

[System Admin](#) [FOAs & Recipients](#) [Technical Assistance](#) [Program Information](#) [Resources](#) [Financial](#) [Planning](#) [Action Plan](#) [Community Information](#) [Reports](#) [Search](#)

---

**2011-2012 Community Action Plan** [back to Evaluation](#)

**Evaluation Attachments** [add](#) **\*Required**  
Last Updated: 02/04/2011

Title	Type	Filename	Date	
				<a href="#">view</a>   <a href="#">edit</a>   <a href="#">delete</a>
				<a href="#">view</a>   <a href="#">edit</a>   <a href="#">delete</a>
				<a href="#">view</a>   <a href="#">edit</a>   <a href="#">delete</a>

## Community Evaluation – Evaluation Documents – Add Page

**Chronic Disease MIS: DELTA**

[Help](#) [Log out](#)

[System Admin](#) [FOAs & Recipients](#) [Technical Assistance](#) [Program Information](#) [Resources](#) [Financial](#) [Planning](#) [Action Plan](#) [Community Information](#) [Reports](#) [Search](#)

---

**2011-2012 Community Action Plan** **\*Required**

**Add Evaluation Attachment** Last Updated: 02/04/2011

\*Document Title:

\*File Name and Location:   File size cannot exceed 10MB

\*Date Revised:   (mm/dd/yyyy)

\*Type:

Other (specify):