

ATTACHMENT 6D

NONGRANTEE CASE STUDY SITE VISIT INTRODUCTORY LETTER/EMAIL

Date
Name
Program
Street Address
City, State ZIP

Dear [prefix] _____:

Greetings! We are exciting to collaborating with you to plan a site visit for the Centers for Disease Control and Prevention's (CDC) Colorectal Cancer Control Program (CRCCP) impact evaluation case study. As part of that project, we have been working to identify programs that show promise in promoting CRC screening at a population level. Several programs from around the country were considered, and your program was one of six programs (three grantee programs and three nongrant program) selected for a site visit.

We would like to visit with you and learn about your program firsthand. By visiting your program, we hope to be able to describe better how programs that promote CRC screening and subsequent activities operate. In addition, we hope to gain a better understanding of how those CRCCP grantees operate in comparison to programs not funded through the CRCCP. Overall, the information gathered from our site visit with your program will contribute to our knowledge and understanding of how the CRCCP works and how it and other programs have contributed to the promotion of CRC screening.

Participation in this project is voluntary. CDC cannot offer you or your program any funding at this time. We do expect, however, to provide your program with insights from our visit, which you may find helpful in strengthening your work. As part of the site visit, we will review a draft logic model with you to ensure that we have a good understanding of your program, and we will finalize the model so that you will have a tangible product describing how your program works. In addition, you will receive valuable data through the surveys we will conduct with both primary care providers and the general population across the nation and your state about knowledge, attitudes, and behaviors regarding CRC screening, which also will help to strengthen your program strategies.

We believe we can learn a great deal from your program and hope you will be so gracious as to open your doors to us. More details about the site visits and the project are provided in the enclosed documents. If you have any questions, please do not hesitate to contact me by phone at 404-321-3211 or by e-mail at mrevels@icfi.com. We will be calling you in a few days to confirm that you are interested in participating and to answer any questions you might have for us. Thanks so much. We look forward to talking with you.

Sincerely,

Michelle Revels, MA
Technical Director, ICF International

Amy DeGroff, PhD
XXX, Centers for Disease Control and Prevention

Enclosures:
Site visit steps and requested actions and materials
Calendar for noting preferred site visit dates

SITE VISIT STEPS AND REQUESTED ACTIONS AND MATERIALS

Site Visit Steps

- We will work with you or your designated contact to schedule convenient dates for the site visit.
- The site visit will occur over a 2½-day period between **XX and XX 20XX**.
- A team of two site visitors will travel to observe your program in action.
- The site visitors will conduct interviews with you and some of the other persons involved in your program (such as staff who work with the program, partners, and/or people who benefit from the program).
- At the end of the visit, the site visitors will meet with you, as well as other program staff you invite, to discuss a draft logic model of your program, which can be used to enhance your own evaluation efforts.
- After the visit, the site visitors will conduct a follow-up call with you to provide additional feedback.
- You will receive a brief site visit report and updated logic model, which will be based on the discussion with the site visitors.

Requested Actions and Materials

To help prepare for your site visit, we request that you do the following:

- **Use the enclosed calendar** to designate your first, second, and third choices of consecutive 3-day periods for the site visit. As you consider possible dates, please keep in mind that our first interview is with you, the program director, to orient ourselves with your program. We anticipate that this interview will last approximately 2 hours. All other interviews should be approximately 1 hour each.
- **Return the calendar marked with your preferred dates.** You can return the calendar to Sarah O'Dell by fax at 404-321-3688 or by e-mail at so'dell@icfi.com.
- Please share a few background documents to help the site visitors better understand your program prior to their visit. Examples include a proposal you may have written describing your program for a funder; marketing materials or a Web site; information you share with participants; and any evaluation reports or news stories that describe what you do. The most helpful materials will be those that describe your main program goals and activities and how you plan to accomplish them. **We will contact you about the best way to share these documents with us.**

Please feel free to contact Sarah O'Dell with any questions by phone at 404-321-3211 or by e-mail at so'dell@icfi.com.

SITE VISIT PREFERRED DATES CALENDAR

Thank you for considering allowing us to visit your program. Please use this calendar to designate your first, second, and third choices of consecutive 3-day periods for a site visit. **Please circle the dates and write if they are your first, second, or third choice. Please return this calendar by fax to Sarah O'Dell at 404-321-3688 or by e-mail at so'dell@icfi.com. Thank you!**

YOUR PROGRAM NAME: _____

YOUR NAME: _____

Month							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Indicate 1st, 2nd, or 3rd choice				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	
Month							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Indicate 1st, 2nd, or 3rd choice							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30						