

Form Approved  
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Exp. xx/xx/xxxx

**State and Community Awardee  
Program Implementation Partner Needs Assessment**

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-xxxx).

## Program Implementation Partner Needs Assessment (PIPNA)

The purpose of this assessment is to help your organization identify current strengths, as well as areas of potential growth, related to the implementation of evidence-based programs to prevent teen pregnancy. This information will be used to help you adopt or strengthen evidence-based programs.

<b>Name of Local Organization</b>	
<b>Phone of Local Organization</b>	
<b>Address of Local Organization</b>	
<b>Name of CDC grantee organization</b>	
<b>Name of person conducting assessment</b>	

Please complete the following information for each individual involved in completing this organizational assessment.

<b>Name:</b>		<b>Length of time in organization:</b>	
<b>Current position in your organization (select from the following options)</b>			
<input type="checkbox"/>	Executive Director	<input type="checkbox"/>	Health/sexuality educator
<input type="checkbox"/>	Program Director	<input type="checkbox"/>	Outreach Worker
<input type="checkbox"/>	Assistant Director	<input type="checkbox"/>	Teacher/Coach
<input type="checkbox"/>	Program staff member	<input type="checkbox"/>	Other (please describe): _____

<b>Name:</b>		<b>Length of time in organization:</b>	
<b>Current position in your organization (select from the following options)</b>			
<input type="checkbox"/>	Executive Director	<input type="checkbox"/>	Health/sexuality educator
<input type="checkbox"/>	Program Director	<input type="checkbox"/>	Outreach Worker
<input type="checkbox"/>	Assistant Director	<input type="checkbox"/>	Teacher/Coach
<input type="checkbox"/>	Program staff member	<input type="checkbox"/>	Other (please describe): _____

<b>Name:</b>		<b>Length of time in organization:</b>	
<b>Current position in your organization (select from the following options)</b>			
<input type="checkbox"/>	Executive Director	<input type="checkbox"/>	Health/sexuality educator
<input type="checkbox"/>	Program Director	<input type="checkbox"/>	Outreach Worker
<input type="checkbox"/>	Assistant Director	<input type="checkbox"/>	Teacher/Coach
<input type="checkbox"/>	Program staff member	<input type="checkbox"/>	Other (please describe): _____

**How was this assessment conducted (please select one):**

<input type="checkbox"/>	In-person interview
<input type="checkbox"/>	Telephone interview
<input type="checkbox"/>	Mail
<input type="checkbox"/>	Web-based survey

**PART I: Please provide some information about your organization.**

**1. Which statement best describes your organization? (Please select one)**

<input type="checkbox"/>	School	<input type="checkbox"/>	Community-Based Organization (CBO) focusing primarily on teen pregnancy
<input type="checkbox"/>	School district	<input type="checkbox"/>	CBO where adolescent reproductive health is one of many programs
<input type="checkbox"/>	Health department (non-clinical section)	<input type="checkbox"/>	Faith-based organization
<input type="checkbox"/>	Planned Parenthood affiliate	<input type="checkbox"/>	Health care facility (hospital, clinic)
<input type="checkbox"/>	Other (please describe): _____		
Comment:			

**2. a. How long has your organization existed in years?**

Years:	_____
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**b. How long has your organization focused on teen pregnancy prevention (TPP)?**

<input type="checkbox"/>	<2 yrs
<input type="checkbox"/>	2-5 yrs
<input type="checkbox"/>	6-10 yrs
<input type="checkbox"/>	>10 yrs
<input type="checkbox"/>	TPP is a new focus for us
<input type="checkbox"/>	TPP is not a focus for us

**3. How many hourly or salaried personnel do you have in your organization? Schools, school districts, and health departments may skip this question.**

Fulltime ( $\geq$ 35 hours)	_____
Part-time	_____

**4. How many hourly or salaried personnel in your local organization work (or will work if this is a new focus) on teen pregnancy prevention (TPP) programming?**

Full-time on TPP	_____
Part-time on TPP	_____

**5. How many volunteer or in-kind individuals work (or will work if this is a new focus) on TPP programming?**

Volunteer/In-kind	_____
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**6. Does your organization have written job descriptions for the executive director (or equivalent) and other staff positions?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know



7. Does your organization have written personnel policies and procedures (e.g., a Human Resources Manual)?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

8. Does your organization have someone on the staff or board who interviews candidates and obtains their references?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

9. What is the current annual budget (approximate) of your organization? \_\_\_\_\_

10. Does your current budget cover all programming and administrative costs?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

11. a. Which of the following fundraising strategies has your organization used during the past 12 months to support teen pregnancy prevention programs?

Strategy	Yes	No
A direct mail campaign	<input type="checkbox"/>	<input type="checkbox"/>
Fees for services	<input type="checkbox"/>	<input type="checkbox"/>
Cause-related marketing which collects a portion of sales on consumer items	<input type="checkbox"/>	<input type="checkbox"/>
Special events such as dinners, fund-raising events, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Grant-writing	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please describe _____	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable: We have not been involved in teen pregnancy prevention in the past 12 months. _____	<input type="checkbox"/>	<input type="checkbox"/>

b. Please tell us about the funding sources for your organization during the past 12 months to support teen pregnancy prevention programs and indicate the percentage of total funding for TPP at your organization obtained from that source. Please select all that apply. Approximate values should sum up to 100%.

Funding Source	% of total funding
<input type="checkbox"/> Federal government	
<input type="checkbox"/> State government	
<input type="checkbox"/> Local government	
<input type="checkbox"/> Corporate donors	
<input type="checkbox"/> Individual/Private	
<input type="checkbox"/> United Way	
<input type="checkbox"/> Foundations (national, community, other)	
<input type="checkbox"/> Other source (please describe): _____	

<b>Funding Source</b>	<b>% of total funding</b>
<input type="checkbox"/>	Not applicable: We have not been involved in teen pregnancy prevention during the past 12 months.

**12. How would you rate your organization's success in raising funds during the past 12 months for TPP programs?**

<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Good
<input type="checkbox"/>	Fair
<input type="checkbox"/>	Poor
<input type="checkbox"/>	N/A we have not raised funds for this purpose

**13. Does your organization have a clearly defined mission?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**14. Does your organization have a written strategic plan to guide work and development over the next 3-5 years?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No, Skip to question 17
<input type="checkbox"/>	Don't Know

**15. Is your current strategic plan realistic given the current resources of the organization?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**16. Is there support from the board and staff of your organization for the strategic plan?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**17. Does your organization have a board of directors?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**PART II: Please provide some information about the TPP programs you currently provide or plan to provide.**

**18. In what setting do you carry out (or plan to carry out if this is a new focus) your teTP programs? Please select all that apply.**

<input type="checkbox"/>	Schools
<input type="checkbox"/>	After-school
<input type="checkbox"/>	Foster care youth program
<input type="checkbox"/>	Residential or group home
<input type="checkbox"/>	Clinic-based facility
<input type="checkbox"/>	Community Center or similar location
<input type="checkbox"/>	Faith institution
<input type="checkbox"/>	Other ( <i>please describe</i> ):
<input type="checkbox"/>	Don't know

**19. What age group(s) do you intend to reach with your current (or future if this is a new focus) teen pregnancy prevention programs? Please select all that apply.**

<input type="checkbox"/>	10 years and younger
<input type="checkbox"/>	11-12 years
<input type="checkbox"/>	13-14 years
<input type="checkbox"/>	15-17 years
<input type="checkbox"/>	18-19 years
<input type="checkbox"/>	20 years and older
<input type="checkbox"/>	Parents of Teens/Preteens
<input type="checkbox"/>	Don't Know

**20. Do you intend to select programming to use with a single racial/ethnic group? Please select all that apply.**

<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	Asian
<input type="checkbox"/>	White
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Don't know
<input type="checkbox"/>	No, we do not plan to use a program for a single racial/ethnic group

**21. a. Approximately how many young people participate in your teen pregnancy prevention programs each year? If you haven't provided teen pregnancy prevention programs enter 0.**

Enter number	
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**b. If you do not currently offer teen pregnancy prevention programs, but plan to in the future, approximately how many young people do you aim to target in the next year?**

Enter number	
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**PART III: Please tell us about available data and planning activities.**

**22. Has your organization decided to use Getting To Outcomes (GTO) approach to planning, implementing, and evaluating evidence-based TPP programs?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**23. Has your organization had formal training on Getting To Outcomes?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**24. Have you received assistance and/or coaching in using Getting To Outcomes?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**25. a. Which of the following data for the population that you serve do you now have access to? Please select all that apply.**

<input type="checkbox"/>	Teen birth rates by county
<input type="checkbox"/>	Teen birth rates by age
<input type="checkbox"/>	Teen birth rates by race/ethnicity
<input type="checkbox"/>	Teen abortion rates
<input type="checkbox"/>	Teen rates of STI/HIV
<input type="checkbox"/>	A list of teen pregnancy prevention programs that currently exist in the community
<input type="checkbox"/>	None of these

**b. Did you consider data such as these when selecting target populations with whom to work?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**26. a. In the past 12 months, have you conducted a needs assessment to gather information about the needs, assets and resources related to TPP in your community?**

<input type="checkbox"/>	Yes, continue to question 26b
<input type="checkbox"/>	No, skip to question 27
<input type="checkbox"/>	Don't Know, skip to question 27

**b. How did you conduct the needs assessment (check all that apply):**

<input type="checkbox"/>	Informal discussions with teens
<input type="checkbox"/>	Focus groups

<input type="checkbox"/>	Community survey
<input type="checkbox"/>	Used existing Youth Risk Behavior Survey data
<input type="checkbox"/>	Used recent needs assessment data from another group ( <i>please describe</i> ): _____
<input type="checkbox"/>	Other ( <i>please describe</i> ): _____

**27. a. Do you currently have a logic model for your TPP program?**

<input type="checkbox"/>	Yes, please continue to questions 27b-d
<input type="checkbox"/>	No, please skip to question 28
<input type="checkbox"/>	Don't Know, please skip to question 28

**b. Does the logic model indicate which teen pregnancy-related behaviors you are targeting (e.g., age at first sex, contraceptive use)?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**c. Does the logic model identify both risk and protective factors for each behavior (i.e., what affects age at first sex or contraceptive use)?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**d. Does the logic model include activities addressing these risk and protective factors?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**28. a. Has your organization delivered a TPP program in the past 12 months?**

<input type="checkbox"/>	Yes, continue to question 28b
<input type="checkbox"/>	No, skip to question 35

**b. Thinking about the TPP program you delivered most recently, did you identify and think about various existing science-based programs before you chose your program?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**29. Before the TPP program you delivered most recently, did you assess the program to determine if it fit with the needs and goals of your community?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

<input type="checkbox"/>	Don't Know
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**30. Before the TPP program you delivered most recently, did you assess your internal capacity to deliver the program (e.g., number of staff, staff training, technical resources, and program budget)?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**31. Thinking about the TPP program you delivered most recently, did you develop a written work plan for your program delivery?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**32. a. During the past 12 months, did you evaluate the effectiveness of your teen pregnancy prevention program.**

<input type="checkbox"/>	Yes, continue to question 32b
<input type="checkbox"/>	No, skip to question 34
<input type="checkbox"/>	Don't Know, please skip to question 34

**b. Which of the following evaluation strategies did you use to assess the effectiveness of your program? Please select all that apply.**

<input type="checkbox"/>	Evaluation of the way each activity was implemented to see if it was delivered exactly as designed (with fidelity)
<input type="checkbox"/>	Evaluation of youth participation to determine recruitment and retention by the intended target population.
<input type="checkbox"/>	Outcome evaluation to measure the change in each targeted behavior
<input type="checkbox"/>	Outcome evaluation to measure whether you are changing the risk or protective factors associated with said behaviors
<input type="checkbox"/>	Don't know
<input type="checkbox"/>	Other (please specify): _____

**33. a. Did you plan changes to the program based on the evaluation results?**

<input type="checkbox"/>	Yes, continue to question 33b
<input type="checkbox"/>	No, please skip to question 34
<input type="checkbox"/>	Don't Know, please skip to question 34

**b. Which of the following describes the changes made to the program? (Check all that apply)**

<input type="checkbox"/>	Selected a program that was a better fit (please specify): _____
<input type="checkbox"/>	Modified the existing curriculum using adaptation guidance
<input type="checkbox"/>	Discontinued the current program
<input type="checkbox"/>	Other (please specify): _____

**34. During the past 12 months, did you market your TPP programs to partners, funders, or others who might help you continue delivering or funding the programs in the future?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**35. How familiar are you with Getting to Outcomes (GTO)?**

<input type="checkbox"/>	Not at all
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<input type="checkbox"/>	Somewhat
<input type="checkbox"/>	Very

**36. Have you been trained on the iGTO web-based system for teen pregnancy prevention?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**37. Have you used the iGTO web-based system to complete any of the above activities?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**38. How much do you and your team agree or disagree with each of the following statements [by team, we mean those who will work with you to provide TPP programs]?**

Skill set	Strongly Agree 1	2	3	Neutra l 4	5	6	Strongly Disagree 7
Goals and objectives are primarily for funders and grant applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our programs would be improved by modifying them based on evaluation data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The extra time and costs required to implement scientifically proven programs greatly outweigh the benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program staff often know whether a program is working well without having to do a formal evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing a program that is mismatched with the values of the local community will lead to poor implementation and outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time spent writing out all the activities of a program on a timeline could be better spent on implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We could better achieve our mission by devoting resources to regularly gathering information about the teen pregnancy prevention needs of the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding is available for a teen pregnancy prevention program that produces positive results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing programs based on evaluation data will likely cause problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When implementing new programs we would benefit from only choosing ones that are scientifically proven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Given all the time constraints on staff, formal evaluations of programs are not critical to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Skill set	Strongly Agree 1	2	3	Neutra l 4	5	6	Strongly Disagree 7
It is likely that a successful teen pregnancy prevention program will continue to receive funding with little effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs should be changed over time if evaluation data says so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources (e.g., staff time, funds) devoted to data collection to understand the teen pregnancy prevention needs of our community could be better spent elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff should only implement program activities that can be linked to our goals and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using measurable objectives in the planning process is a step that must be taken in order to demonstrate our success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before implementing programs, it is important to critically assess whether we have adequate resources/ capacity to implement the program (e.g., number of staff, staff training, technical resources, program budget)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**39. Imagine that your team is thinking about implementing a new program in your community. For the tasks listed below, please rate each item on a scale of 1 to 5 based on how much assistance you think that you and your team would need in order to complete each task. A rating of 1 indicates the need for a great deal of assistance, while a rating of 5 indicates the ability to complete the task without any assistance.**

Task	A great deal of assistance needed	2	Some assistance needed	4	No assistance needed
	1	2	3	4	5
Develop program goals for your new activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess how well your new program activity will fit within other existing program activities offered to the same target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Define a target population for your new activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measure participant satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate the activity to ensure that it is meeting goals and objectives by analyzing and interpreting data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify those who will be responsible for each task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify the amount of change expected in your objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess community strengths in programming by examining existing resources such as existing programs and availability of volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine if an existing evidence-based program would meet your goals and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examine how the new program will fit with the values of your organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For each program activity, measure how well the implementation followed the original program design (i.e., fidelity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that all new program activities are linked to the goals and objectives by using a logic model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine if any evidence-based programs are applicable to your target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess the causes and underlying risk factors for teen pregnancy in your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess whether there are adequate resources to implement the new program (e.g., number of staff, staff training, technical resources, funding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create timelines for completing all program tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop a budget that outlines the funding required for each program activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Task	A great deal of assistance needed 1	2	Some assistance needed 3	4	No assistance needed 5
Develop a plan to sustain the program if it is successful (i.e., determine future funding sources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use results from an evaluation to improve program delivery the next time it is offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**40. Listed below are the same tasks from question 26. Place a check by those tasks for which your team would like technical assistance or training in the next 12 months.**

	<b>Task</b>
<input type="checkbox"/>	Develop program goals for your new activity
<input type="checkbox"/>	Assess how well your new program activity will fit within other existing program activities offered to the same target population
<input type="checkbox"/>	Define a target population for your new activity
<input type="checkbox"/>	Measure participant satisfaction
<input type="checkbox"/>	Evaluate the activity to ensure that it is meeting goals and objectives by analyzing and interpreting data
<input type="checkbox"/>	Identify those who will be responsible for each task
<input type="checkbox"/>	Specify the amount of change expected in your objectives
<input type="checkbox"/>	Assess community strengths in programming by examining existing resources such as existing programs and availability of volunteers
<input type="checkbox"/>	Determine if an existing science-based program would meet your goals and objectives
<input type="checkbox"/>	Examine how the new program will fit with the values of your organization
<input type="checkbox"/>	For each program activity, measure how well the implementation followed the original program design (i.e., fidelity)
<input type="checkbox"/>	Ensure that all new program activities are linked to the goals and objectives by using a logic model
<input type="checkbox"/>	Determine if any science-based programs are applicable to your target population
<input type="checkbox"/>	Assess the causes and underlying risk factors for teen pregnancy in your community
<input type="checkbox"/>	Assess whether there are adequate resources to implement the new program (e.g., number of staff, staff training, technical resources, funding)
<input type="checkbox"/>	Create timelines for completing all program tasks
<input type="checkbox"/>	Develop a budget that outlines the funding required for each program activity
<input type="checkbox"/>	Develop a plan to sustain the program if it is successful (i.e., determine future funding sources)
<input type="checkbox"/>	Use results from an evaluation to improve program delivery the next time it is offered
<input type="checkbox"/>	Use iGTO to support program selection and implementation
<input type="checkbox"/>	No TA requested on any of these topics.

THANK YOU!