



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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| | | | | | | | | | | |
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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:

ABC

Text goes here...

Characters: 14 / Maximum: 5000

Resources: Personnel

Chronic Disease MIS: DELTA

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[Personnel](#) | [Partners](#) | [Contracts/Consultants](#) | [Leadership Team](#)

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:
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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| | | | | | | | | | | |
|---|------------------------------|-----------------------------|----------------------------|------------------|------------------|-----------------|--------------------|------------------------------|----------------|---------------|
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| Personnel Partners Contracts/Consultants Leadership Team | | | | | | | | | | |

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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[Personnel](#) | [Partners](#) | [Contracts/Consultants](#) | **Leadership Team**

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"/> | | |
| Organization Name | Organization Role | Organization Type |
| | | |
| | | |

*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):"/> |
| Organization Name | Organization Type | |
| | | Edit Delete |
| | | Edit Delete |
| | | Edit Delete |

*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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 [Plans and Logic Models](#)

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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| | | | | | | | | | | |
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| Data Sources Evaluation Plans and Logic Models | | | | | | | | | | |

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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| | | | | | | | | | | |
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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:

Specify

Other (specify):

*Amount of Funds: \$

*Description:

Text goes here...

Characters: 14 / Maximum: 500

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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| | | | | | | | | | | |
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2011-2012 Action Plan

***Required**

Action Plan Summary

Last Updated: 02/04/2011

Add Project Period Objective

***Objective ID:**

***Related Program Goal:**

- Creation and facilitation of state level leadership teams to inform implementation of IPV primary prevention strategies (6)
- Implementation of state level IPV primary prevention strategies (8)
- 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)
- Enhancement, integration and institutionalization of primary prevention principles, concepts and practices within state domestic violence coalitions (5&7)
- Creation of, participation in and maintenance of national level dialogue on IPV primary prevention (9 & 10)
- Evaluation of state and local level IPV primary prevention strategies (11-15)

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

| | |
|-----------------------------|-----------------------------|
| Direction of Change: | Unit of Measurement: |
| Select | Select |

What Will Be Measured?

Enter text here

Baseline:

Target:

Unknown

Data Source:

Select

Other (specify):

Time Frame: Start Date: End Date:

Revisions

***Revisions**

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:

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

Action Plan: Annual Objective

Chronic Disease MIS: DELTA

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2011-2012 Action Plan

***Required**

Action Plan Summary

Last Updated: 02/04/2011

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:

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- 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 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

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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:

ABC
 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 | |
|--------------|-----------------------|---|
| | | edit delete |
| | | edit delete |
| | | edit delete |

*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) enter text...

Add

| Contract/Consultant Name | Primary Contributions | |
|--------------------------|-----------------------|---|
| | | edit delete |
| | | edit delete |
| | | edit delete |

*Timeframe Start Date: Select 2011

*Timeframe End Date: Select 2011

Save

Cancel

Action Plan: AO Product

Chronic Disease MIS: DELTA

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| | | | | | | | | | | |
|--------------|-------------------|----------------------|---------------------|-----------|-----------|----------|--------------------|-----------------------|---------|--------|
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|--------------|-------------------|----------------------|---------------------|-----------|-----------|----------|--------------------|-----------------------|---------|--------|

2011-2012 Action Plan

***Required**

Action Plan Summary

Last Updated: 02/04/2011

Add Annual Objective Product

Related Annual Objective:

*Product Title:

*Product Description:

Text goes here...

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
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- Financial
- Planning
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- 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):

*Setting/Sector Represented:

of members:

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 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:

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| | | | | | | | | | | |
|------------------------------|---------------------------------------|--------------------------------------|-------------------------------------|---------------------------|---------------------------|--------------------------|-----------------------------|---------------------------------------|-------------------------|------------------------|
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|------------------------------|---------------------------------------|--------------------------------------|-------------------------------------|---------------------------|---------------------------|--------------------------|-----------------------------|---------------------------------------|-------------------------|------------------------|

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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| | | | | | | | | | | |
|--------------|-------------------|----------------------|---------------------|-----------|-----------|----------|-------------|-----------------------|---------|--------|
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|--------------|-------------------|----------------------|---------------------|-----------|-----------|----------|-------------|-----------------------|---------|--------|

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:

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 Annual Objective

Chronic Disease MIS:

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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

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

Characters: 14 / Maximum: 500

*Scope:

- National
- Multi-State Region
- State
- Tribe/Tribal Organization
- Mult-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

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- System Admin
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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:

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- 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=">"/> | |
| | <input type="button" value=">>"/> | |
| | <input type="button" value="<<"/> | |
| | <input type="button" value="<"/> | |

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

Community Product - Add page

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 Products

Related Annual Objective:

*Product Title:

*Product Description:

Characters: 14 / Maximum: 500

*Product Type:

Select

Attachment:

File size cannot exceed 10MB

Community Evaluation- Add page

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 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:

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

Save

Cancel

Community Evaluation – Evaluation Documents – List Page

Chronic Disease MIS: DELTA

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

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

| Title | Type | Filename | Date | |
|-------|------|----------|------|--|
| | | | | view edit delete |
| | | | | view edit delete |
| | | | | view edit delete |

Community Evaluation – Evaluation Documents – Add Page

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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):