

Chronic Disease Management Information System (MIS	Chro	nic D	)isease	Management	Information S	vstem	(MIS
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User ID:	
Password:	
	Login

#### 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 resu 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 45 or more minutes of inactivity requires that you log in again.
- After 5 unsuccessful attempts to log in, your account will be temporarily locked for 15 minutes.

#### Session Time Out Warning

For your security, your CDMIS session will time out after 45 minutes of inactivity. Any information that has not been saved will be lost. After 35 minutes of inactivity, you will receive a pop-up message indicating your remaining time. If you choose to continue your session, your time will be extended by 45 additional minutes.

#### State Oral Disease Prevention Funding Opportunity Announcement OMB Information:

Expiration Date: 5/31/2017

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 (0920-0739)

#### **DELTA FOCUS Funding Opportunity Announcement OMB Information:**

Form Approved: OMB No. 0920-0968

Exp. Date:

Public Reporting burden of this collection of information is estimated at 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 NW, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-0968)

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

Expiration Date: 3/31/2016

Public reporting burden of this collection of information varies from 3 to 6 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, GA 30333; ATTN: PRA (0920-0841)

### Collaborative Funding Opportunity Announcement OMB Information:

Form Approved: OMB 0920-0 Expiration Date: 11/30/2015

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 unlei ti 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)

#### Community Transformation Grant Funding Opportunity Announcement OMB Information:

Form Approved: OMB 0920-Expiration Date: 8/31/2015

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 (0920-0946)

### Report an Accessibility Problem

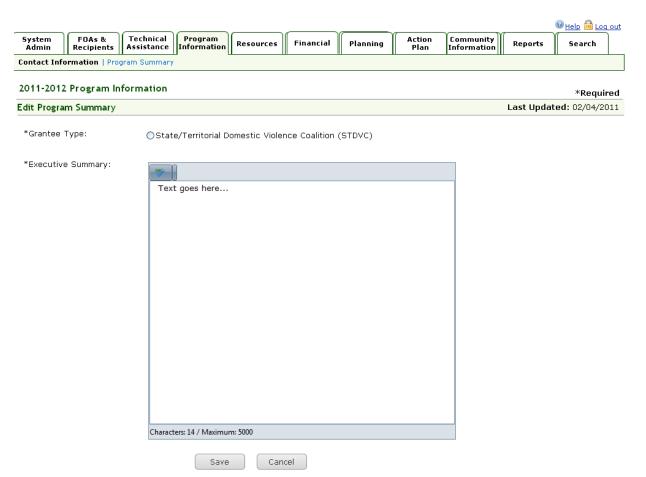
ty problem with this CDC website, please e-mail CDMIS Support at cdmis@cdc.gov. Be sure to specify the web page or file which has the accessibility issue.

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System   FOAs & Program Recipients Information Reso	urces   Planning   Action   Reports   Search	
tact Information   Program Summary		
11-2012 Program Information		
dit Contact Information		La
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	$\exists$
	*City, State Zip	<u> </u>
Principal Investigator:	No Principal Investigator entered.  Same as Program Mailing Address	
	Address Line 1	
	Address Line 2	
	City, State Zip Select	-
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

# **Program Information: Program Summary Page**

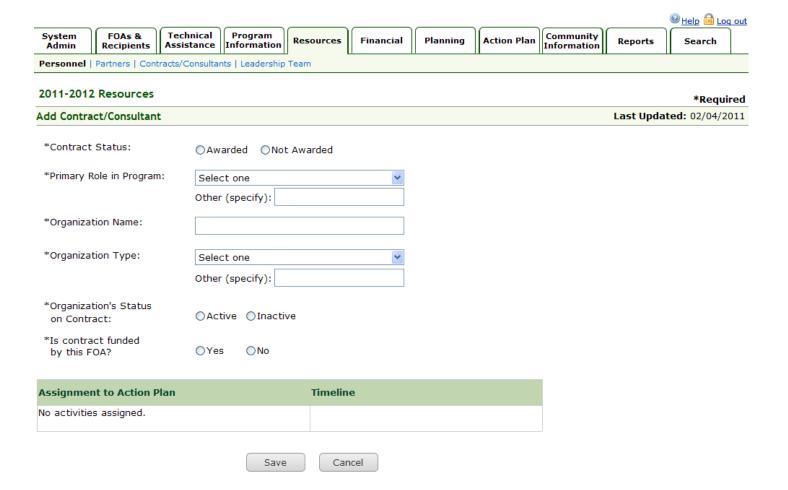


										(Help (Log ou
System Admin	FOAs & Recipients	Technical Assistance	Program Information	Resources	Financial	Planning	Action Plan	Community Information	Reports	Search
Personnel	Partners   Con	tracts/Consul	tants   Leadership	Team						
2011-2012	2 Resources									*Required
Add Person	inel								Last Updat	ted: 02/04/2011
Position De	tails									
*Position		Se	lect one		~					
		Oth	er (specify):							
Program/F Coordinat	Project or/Specialist	Type: Se	lect one	V						
*Position 9	Status:	OV	acant OFille	d						
*Position (	Description:	-	BC-							
		Т	ext goes here							
		Ch	aracters: 14 / Maxir	mum: 500						
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*Salutatio		0-	I	~						
Salutatio		Se	lect one							
*First Nam	ne:									
Middle Na	me:									
*Last Nam	ne:									
Last Ham										
*Status:		OA	octive 08/05/20	11 🔳 (n	nm/dd/yyyy)					
		OI	nactive 08/05/2	2011	(mm/dd/yyyy)	)				
*Telephon	ie:			ext						
FAX:										
*Email:										
*Employme	ent Type:	00	Grantee Employe Contract Employ Other (specify):	/ee						

*Related Program	Select all that apply for this personnel member:								
Involvement and Program Time Allocation:	DELTA %								
	Collaborative  Behavioral Risk Factor Surveillance %  Diabetes %  Healthy Communities 7  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  M  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								
	Time Frame								
No activities assigned.									
	Save Cancel								

	<u> </u>										
	echnical Program Resources Financial Planning Action Plan Community Reports Search										
Personnel   Partners   Contract	s/Consultants   Leadership Team										
2011-2012 Resources											
dd Partner	*Required Last Updated: 02/04/2011										
	· · · · · · · · · · · · · · · · · · ·										
*Status:	OActive 08/05/2011 (mm/dd/yyyy)  OInactive 08/05/2011 (mm/dd/yyyy)										
	○Inactive 08/05/2011										
*Find Partner:	P *										
*Partner Name:											
raithei Name.											
*Programs Involved:	Select all that apply for this personnel member:										
	DELTA CV										
	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 96										
	Diabetes Vulnerable reputations										
	Diabetes Vulnerable Populations  %										
	Consolidated FOA - Pacific Island Jurisdictions  Affiliated Pacific Island Collaborative Performance Agreement %										
	Coordinated Chronic Disease Prevention and Heal										
	Coordinated Chronic Disease Prevention and Health										
*Partner Type:	Select ▼										
	Other (specify):										
*Setting/Sector	Toute de la constant										
Represented:	Select V										
	Other (specify):										
Assignment to Action Pla	n Timeline										
No activities assigned.											
	Save Cancel										

# **Resources: Contracts/Consultants**



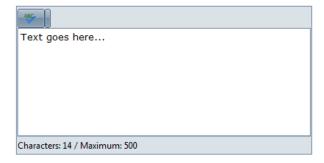
# **Resources: Leadership Team**

### Chronic Disease MIS: DELTA

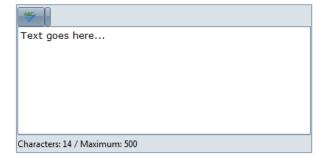
System Admin	FOAs & Recipients	Technical Assistance	Program Information	Resources	Financial	Planning	g Action Plan	n Community Information	Reports	Search		
Personnel   P	artners   Contra	acts/Consultan	nts   Leadership	Team								
2011-2012	Resources									*Require		
Edit Leader	ship Team								Last Updated	_		
*Leadership	Team Name:											
*Members:												
Members.		Org	ganization Nam	e O	rganization Ro		organization Typ	oe .				
							Select		Add			
							Other (specify):					
		Orga	anization Nar	ne	(	Organizatio	n Role	Orga	nization Type			
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*Setting/Sec Represente		Busin	ness Leaders/B	usiness Con	nmunity:							
Represente	u.	Child	l Welfare Agen	cies:								
		Civic	:/Volunteer Org	ganizations:								
		Comr	munity/Neighbo	orhood Grou	p:							
		Coop	perative Extens	sion:								
		Disab	bility Services:									
			Intimate Partr ence Agency:	ner and Sexi	ual							
		Healt	th Services:									
		Hous	sing:									
		Seco	ondary Educati	on (High Sc	hool)							
			er Education (( le School)	College, Uni	versity,							
		Intim	nate Partner Vi	olence Ager	ncy							
		Justi	ice Systems/Co	ourts								
		Law	Enforcement									
		LGBT	ΓQ Serving Org	anization								
		Medi	ia									
		Ment	tal Health									
		Midd	lle/Intermediat	e School Ed	ucation							
		Preso	chool-Element	ary School E	Education							
		Racia	al/Ethnic Orgar	nization or G	Group							
			ious/Faith-Bas pTransportatio		ition or							
		Yout or Gr	th Serving/ Bas roup	sed Organiza	ation							

Other (Specify)

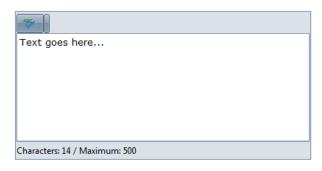
\*How were Leadership Team Members Identified?



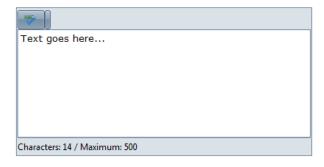
\*How is the Leadership
Team engaged in the
development,
implementation, and
ongoing review and
updating of the State
Action Plan and the as
needed reviewing and
updating of existing state
plans for IPV primary
prevention?



\*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?

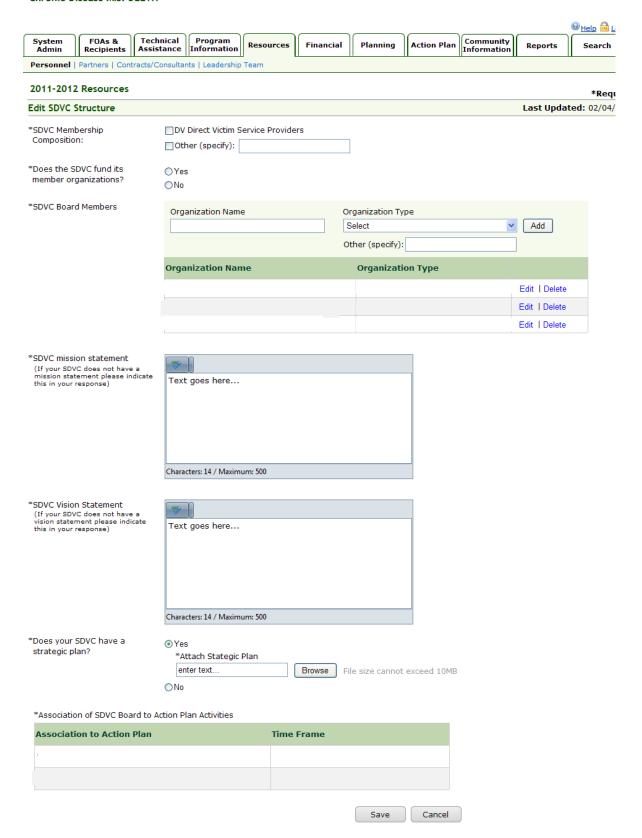


\*Summarize the frequency, structures and processes for communication within the Leadership Team (e.g. meeting frequency, succession planning, orientations, etc.)



Association to Action Plan	Time Frame

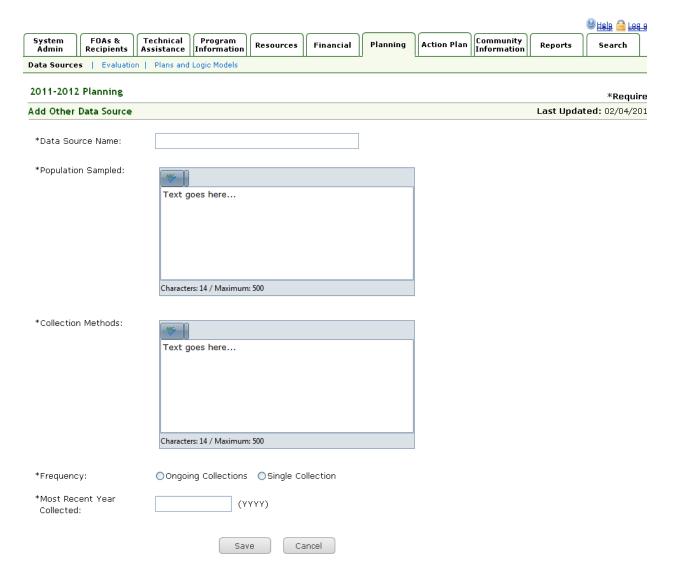
Save Cancel

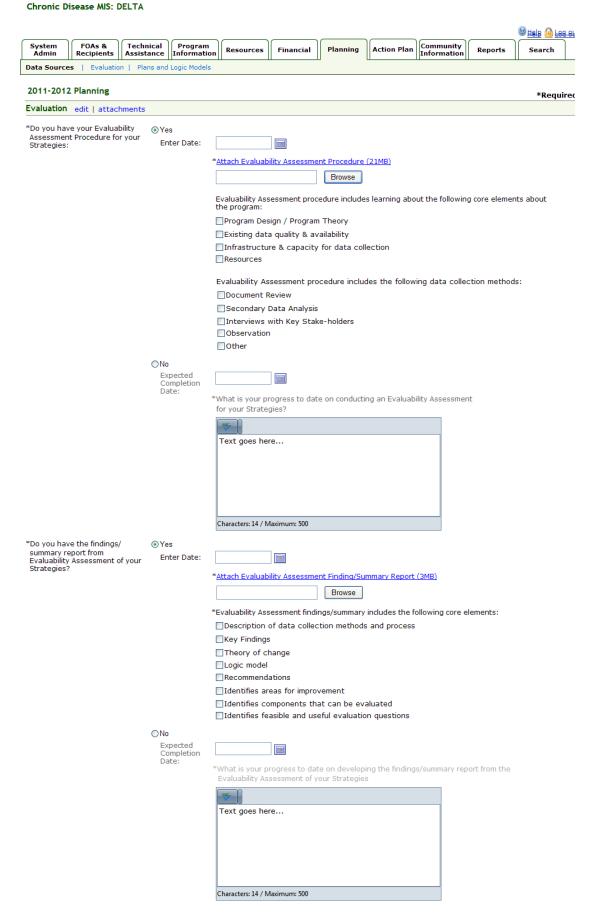


## **Planning: Standard Data Sources**

ystem Admin	F	OAs & cipients	Technical Assistance	Program Information	Resources	Financial	Planning	Action Plan	Community Information	Reports	7
			n   Plans and				Ш	Ш	Information		
011-2012	Pla	nnine									
lit Standa			ces							Last Upda	ate
Standard	Dat	a Source		T-b C	(ATC)			Most Re	2009	t Year	
				lult Tobacco S Quality Monit					2010		
				nerican Cance	-	te and Figure	ne.		2010		
				nerican Indian			:5		2010		
				havioral Risk F			(RRESS) - C	ore Modules			
				FSS Adult HP\		direc bysten	(Bid 55) C	ore modules	2010		
				FSS Cancer S		2)					
				FSS Cancer S					2010		
				FSS Child HPV		onary					
				FSS Colorecta		enina			2010		
				FSS Prostate		_			2010		
				FSS Women's					2010		
				nters for Medi		dicaid Service	es (CMS)				
				ronic Disease							
			□ Co	mmunity Healt	th Assessmen	t and Group	Evaluation (Cl	HANGE)			
			□Ca	mmunity Healt	th Status Indi	icators (CHS	1)				
			□ CF	PW BRFSS							
			Fit	nessGram							
			⊟Не	alth Plan Empl	oyer Data an	d Information	Set (HEDIS)				
			□Но	spital Discharg	ge Data						
			□ In	dian Health Se	rvice						
			□Ka	iser Foundatio	n				2010		
			□Na	tional Adult To	obacco Surve	У					
			□Na	tional Cancer	Data Base (N	CDB)					
			□Na	tional Health a	and Nutrition	Examination	Survey (NHA	NES)			
			□Na	tional Health I	nterview Sun	vey (NHIS)					
			□Na	tional Immuniz	ation Survey	(NIS)					
			□Na	tional Intimate	Partner and	Sexual Viole	nce Survey (1	NISVS)			
			□Na	tional Program	of Cancer Re	egistries			2009		
				tional Youth T							
			□Pe	diatric Nutritio	n Surveillance	e System (Pe	edNSS)				
				egnancy Nutrit							
				egnancy Risk A			stem (PRAMS)	)			
				ACH Risk Fact							
				hool Health Ed	ducation Profil	le					
				ate HANES							
				ate Health Int			(0550) 0		2000		
				rveillance Epic	lemiology and	End Results	(SEER) Progra	am	2008		
				S. Census iited States Re	D-t- C	to a (HCDDC)			2009		
				ited States Re	enai Data Sys	tem (USKDS)	)				
				omon Infants	and Children	(MIC)					
				omen, Infants, outh Risk Behav			VDDCC\		2009		
				her (specify):		ice System (	11033)		2009		
				(specify):							
Associa	tion	to Actio	n Plan								

## **Planning: Data Sources - Other Data Sources**





*Do you have your	○Yes	
Evaluation Plan?	Enter Date:	
	Enter Date:	
		*Attach Evaluation Plan (5MB)
		Browse
		*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:
		Describe your progress to date on developing your Evaluation Figure
		Text goes here
		Characters: 14 / Maximum: 500
*Parameters	0.1/	
*Do you have any evaluation findings to share?	Yes Enter Date:	
_	Enter Date.	
		*Attach Findings
		Browse
		*Evaluation findings describe the following core elements:
		Evaluation Purpose
		Evaluation Methods
		Results
		Unanticipated Outcomes
		Limitations
		Recommendations

○No

Expected Date:

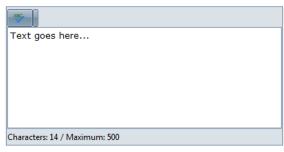
Describe the progress to date on your evaluation activities:

Text goes here...

Characters: 14 / Maximum: 500

Yes

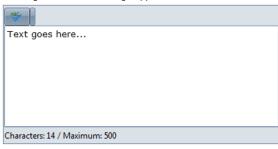
Program Improvement:



Dissemination to Partners and Stakeholders:



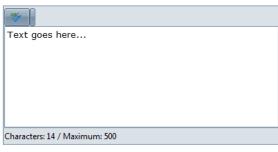
Leverage Additional Funding Support:



○No

Expected Date:

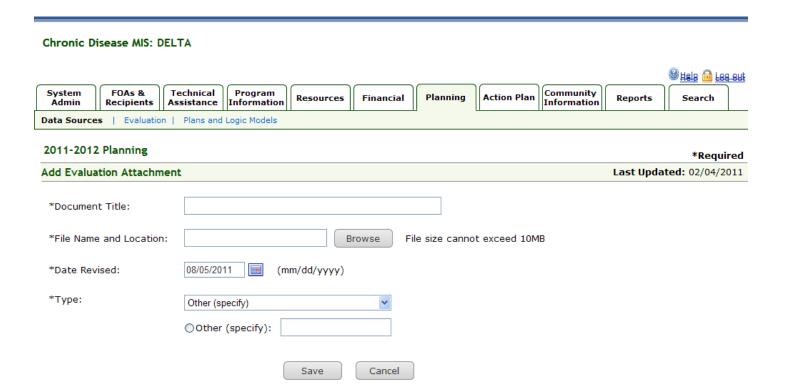
Describe the progress to date on your activities to utilize evaluation findings:



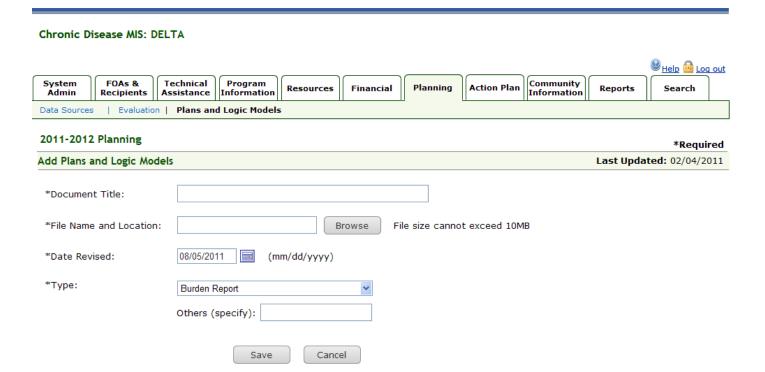
Save

Cancel

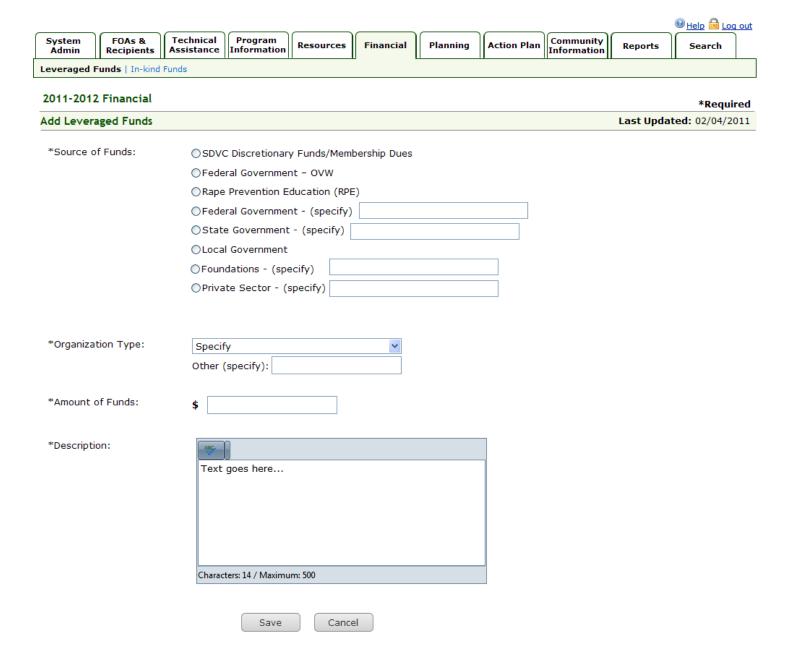
## **Planning: Evaluation Documents (Attachments)**



# **Planning: Plans and Logic Models**



# **Financial: Leveraged Funds**

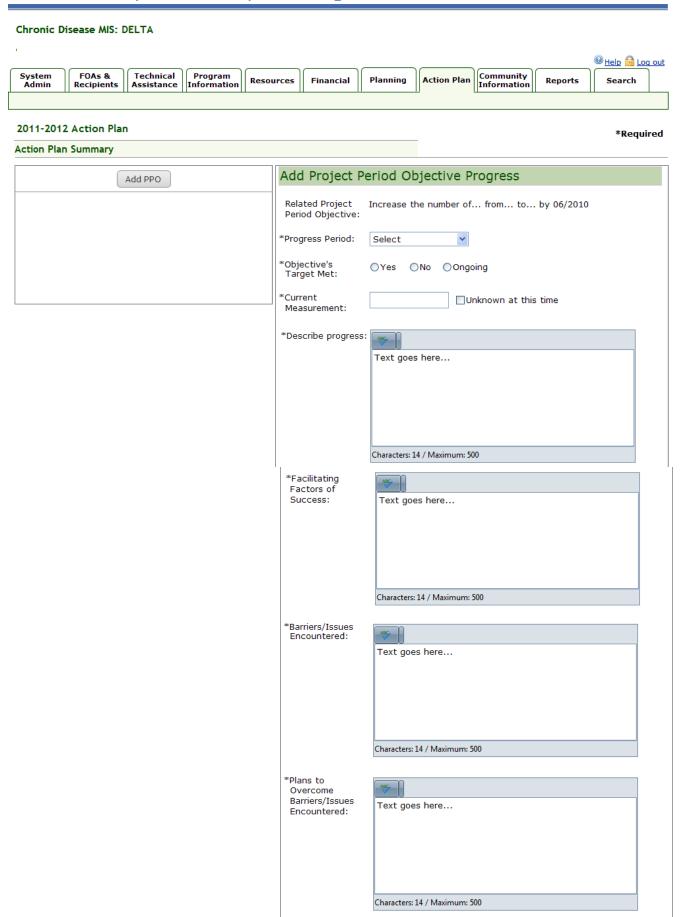


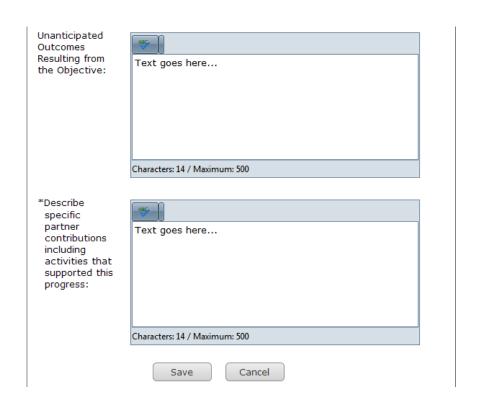
										<u>Help</u>
System Admin	FOAs & Recipients	Technical Assistance		Resources	Financia	Planning	Action Plan	Community Information	Reports	Search
Leveraged F	Funds   In-kind	Funds			•					
2011-2012	2 Financial									*Required
Edit In Kind	d Contribution	ns							Last Upda	ted: 02/04/2011
Summan	of Contributi	ons: M	eeting/Conferer	oco Support	\$					
Sullillary	or Contributi	OHS. IVI	eding/Comerei	ice Support	4					
		Me	edia/Publishing		\$					
		Pe	rsonnel		\$					
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		No	te: Attaching a se	cond file will ov	erwrite the	existing file.				
			S	ave	Cancel					

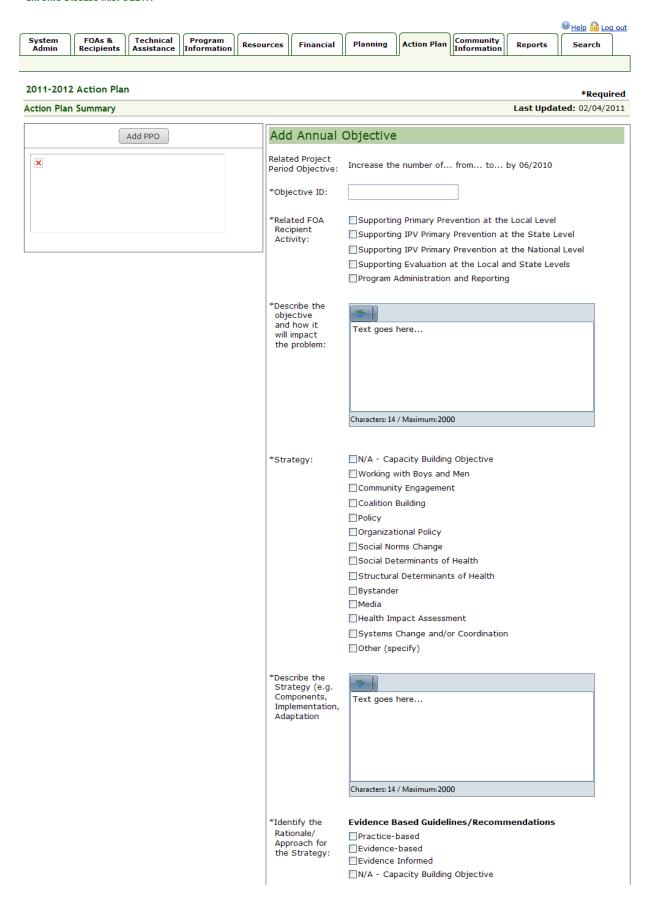
										Help 🛅 Log out			
System Admin	FOAs & Recipients	Technical Assistance	Program Information	Resources	Financial	Planning	Action Plan	Community Information	Reports	Search			
	\ 		'	1		'			'				
2011-2012	2 Action Plan												
		1								*Required			
Action Plan	Summary								Last Upd	ated: 02/04/2011			
		Add PPO		Ad	d Project	Period O	bjective						
					*Objective ID:								
				*Rela Goa	ated Program II:	Creation and facilitation of state level leadership teams to inform implementation of IPV primary prevention strategies (6)							
						☐ Implemen strategie		te level IPV pri	imary prever	ntion			
						through f systemat	funding and su	upport of local	CCRs and p	tion strategies provision of I assistance to			
						preventio		tion and institu concepts and litions (5&7)					
								tion in and mai y prevention (		f national level			
						Evaluation of state and local level IPV primary prevention strategies (11-15)							
					rity Area	Communi	ties		ealthy Relati	ionships/Healthy			
							Bystander Be						
							ce of IPV Per						
							Media Report	-	of IDV				
						_		edia Portrayals	OI IPV				
							quitable Socia		d Delicios				
						Interrupt		ems, Laws and	a Policies				
								g Out Against	IPV				
							ents to Disrup						
							Social and E	conomic Condi	itions Knowr	ı to			
						•		f IPV Prevalen	ce and Incid	dence			
						Enforcem	ent of Policies	s or Laws Prot	ecting Peop	le from IPV			
								Existing Laws		that			
						Health Im		nents of Existi	_	sed			
						New Part Strategie		tors Engaged i	in IPV Preve	ntion			
						Other (sp	pecify):						
				*Doo	cribe the								
				obje	ctive and it will impact	ABC							
					problem:	Text goes	here						
						Characters: 1	4 / Maximum: 20	00					



# **Action Plan: Project Period Objective Progress**





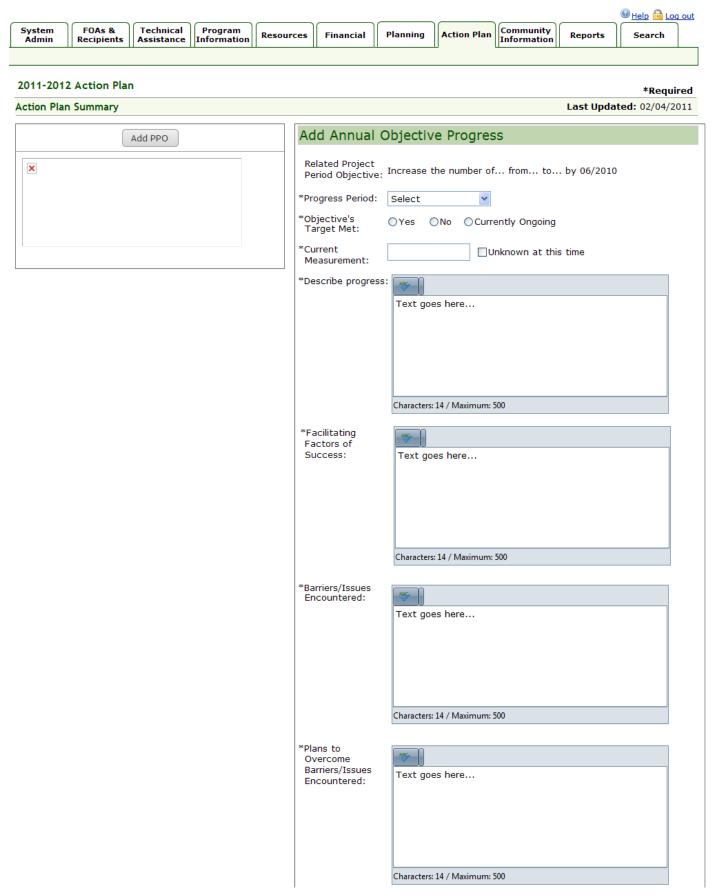


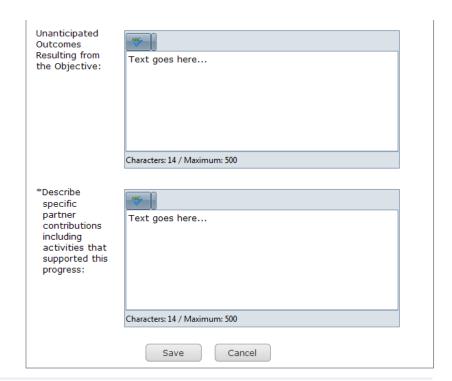
KDib- th-	
Describe the Evidence/	ABC
Practice Base for the Strategy	Text goes here
for the Strategy	
	Characters: 14 / Maximum: 500
*Cooper	ONational
*Scope:	National     Multi-State Region
	OState
	OTribe/Tribal Organization
	OMulit-City
	OCity
	Multi-County
	County
	OIndividual School
	Multiple School District
	OSchool Districts
	Multiple Neighborhoods
	Neighborhood
	Ouniversity/College Campus
	Other - Capacity Building
*Level of Change:	Individual
change.	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
	Capacity building
*Cross-cutting issues:	Child Maltreatment
	Child Sexual Abuse Gender Equity
	Gender Equity Healthy & Active Community
	Poverty
	Reproductive Health
	INCOLOGUCTIVE HEALTH
	Sexual Violence
	Sexual Violence Substance Abuse
	Substance Abuse Suicide
	Sexual Violence Substance Abuse Suicide Teen Dating Violence
	Substance Abuse Suicide

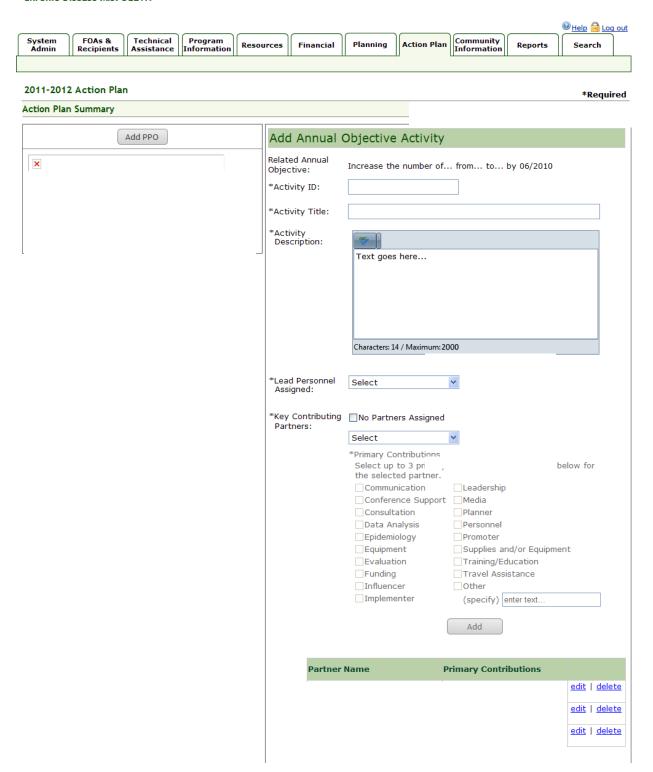
*Population Focus:	⊚ General Population		
	Specific Popu	ılation	
	Gender	Female  Male	
	Garrier I	Transgender	
	Sexual Identity	☐ Bisexual ☐ Gay	
		Heterosexual	
		Lesbian	
	_	Questioning	
	Race	☐ African American or Black ☐ American Indian or Alaska Native	
		Asian Indian	
		Chinese	
		Filipino Guamanian or Chamorro	
		Japanese	
		Korean	
		Native Hawaiian or Other Pacific Islander  Other Asian (specify)	
		Other Asian (specify)	
		Samoan	
		Vietnamese	
		☐White ☐Other (specify):	
		Lotter (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	A95.	
	Details	Text goes here	
		Characters: 14 / Maximum: 500	

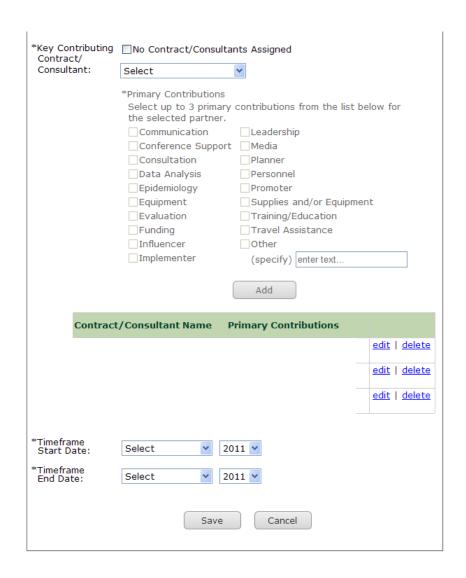


### Chronic Disease MIS:

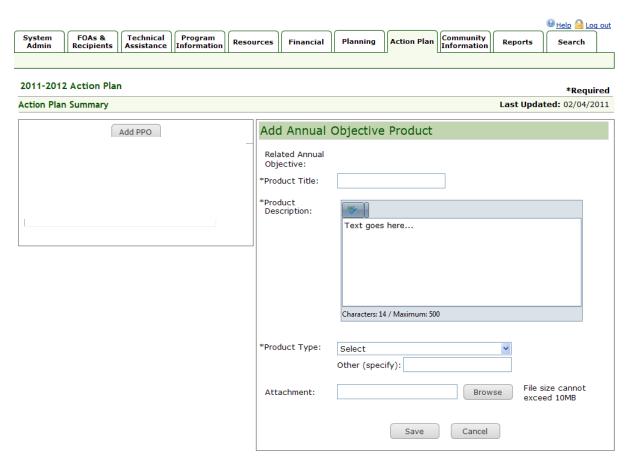






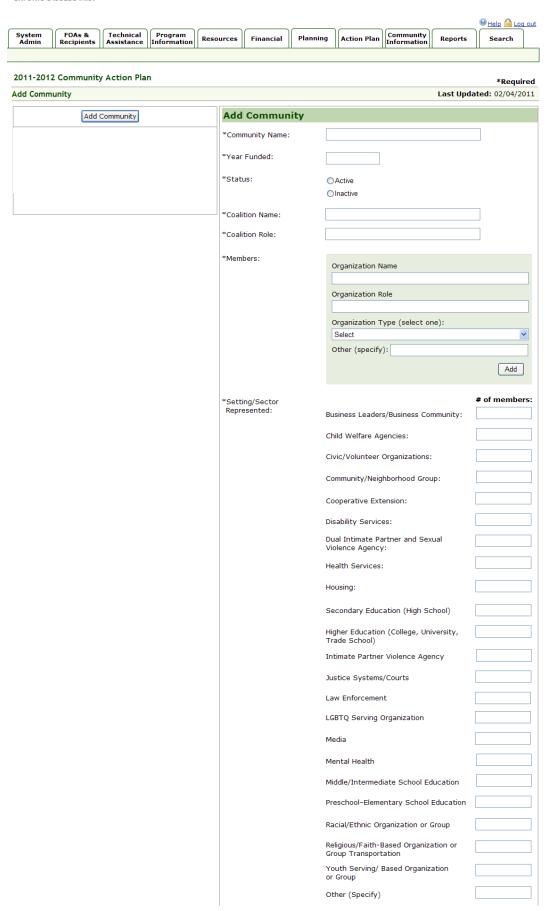


### **Action Plan: AO Product**



# **Community - Add Community Information**

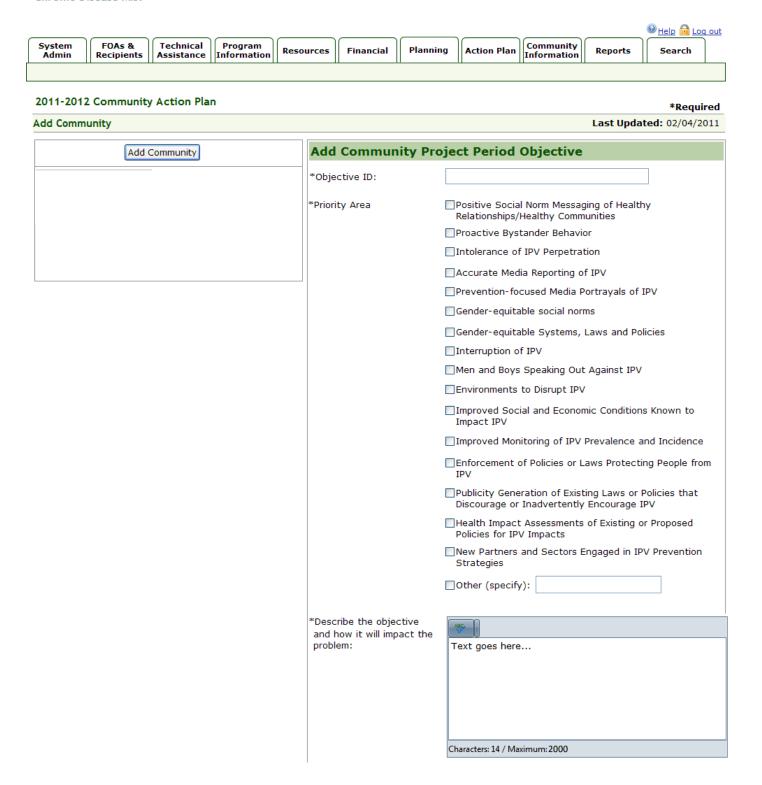
Chronic Disease MIS:

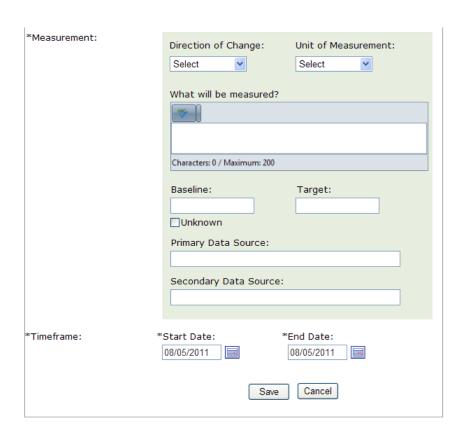


*How were coalition members identified?	Text goes here
	Characters: 14 / Maximum: 500
*How are coalition members engaged in the development, implementation and ongoing review and updating of the Community Action Plan for IPV prevention strategies?	Text goes here
	Characters: 14 / Maximum: 500
*Summarize 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
*Baseda H	Characters: 14 / Maximum: 500
*Describe the process and rationale for prioritization of the community action plan:	Text goes here
	Characters: 14 / Maximum: 500
	Save

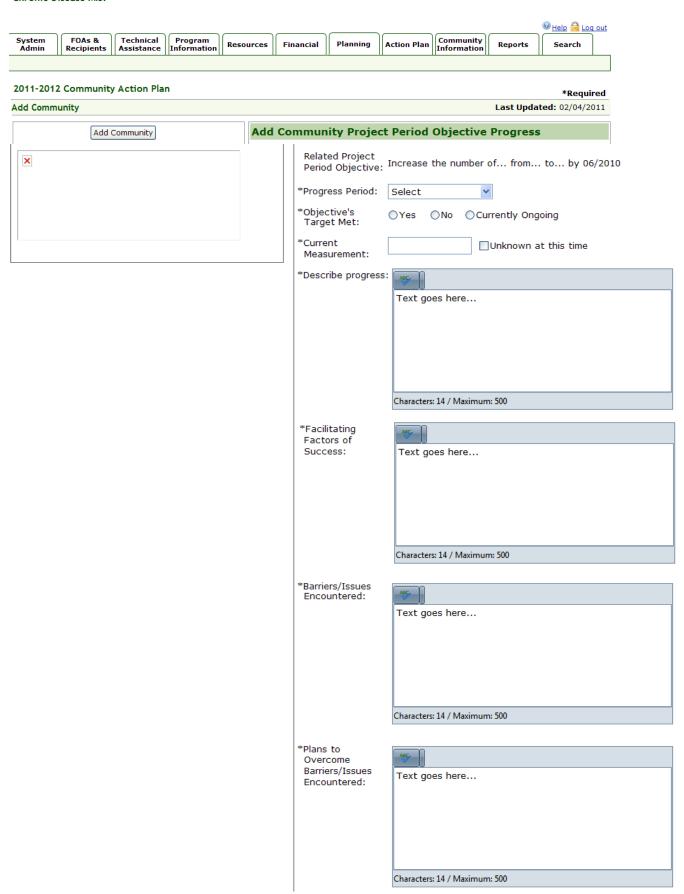
## Community - CAP: Project Period Objective

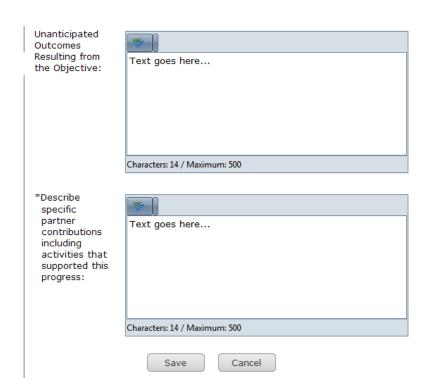
#### Chronic Disease MIS:

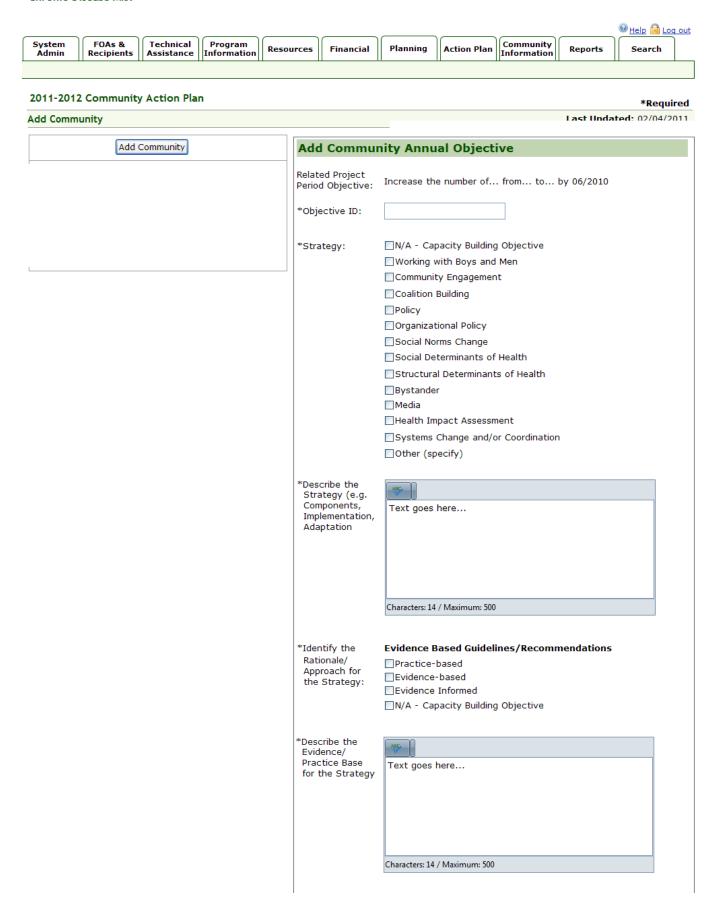




## **Community - CAP: Project Period Objective Progress**

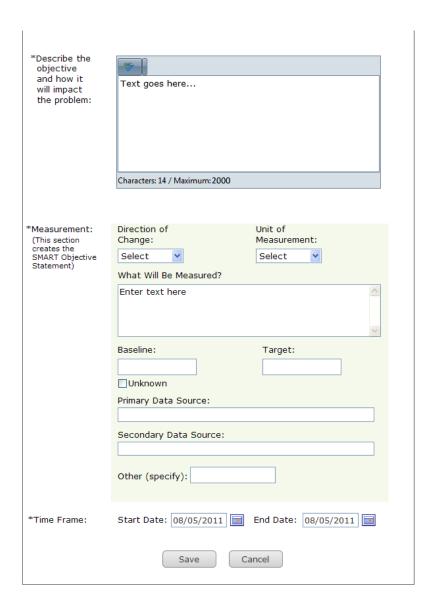




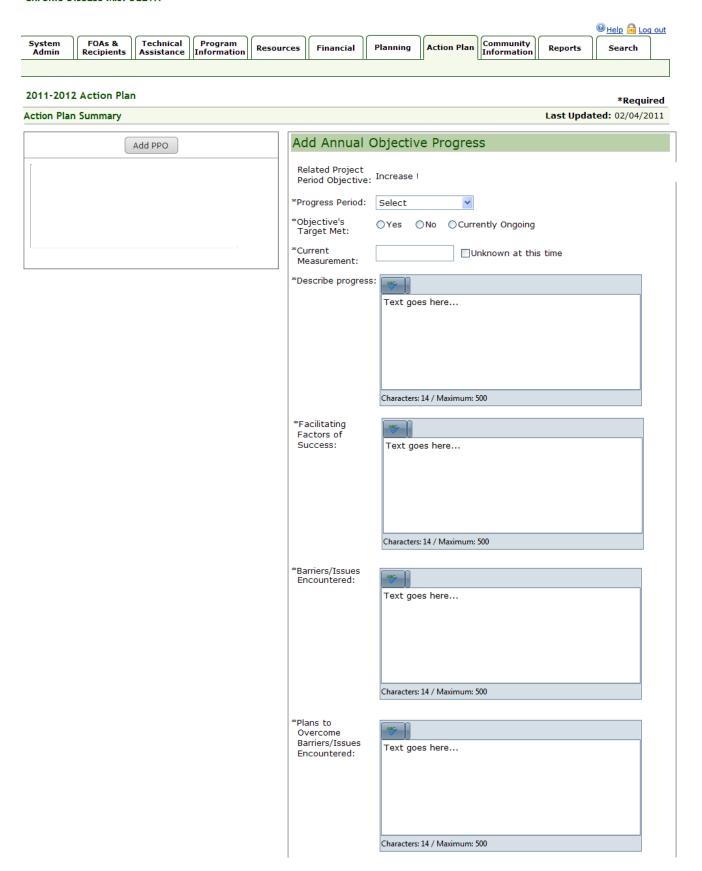


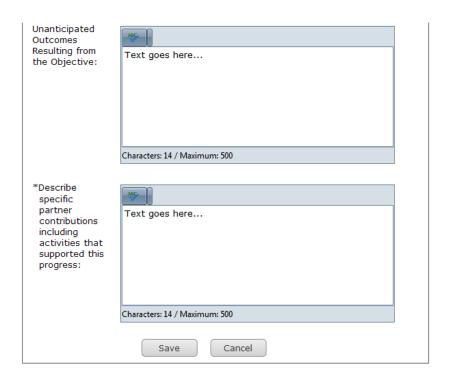
*Scope:	National Multi-State Region State Tribe/Tribal Organization Mulit-City City Multi-County County Individual School Multiple School District School District Multiple Neighborhoods Neighborhood University/College Campus Other - Capacity Building
*Level of Change:	☐ Individual ☐ Relational ☐ Community ☐ 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	⊙ General Population						
Focus:	Specific Population						
	Gender	□Female □Male					
		Transgender					
	Sexual Identity	☐ Bisexual ☐ Gay					
		Heterosexual					
		Lesbian					
	Page	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)					
		Contract Asian (Specify)					
		Samoan					
		□Vietnamese □White					
		Other (specify):					
	Ethnicity	Hispanic or Latino					
	,	Not Hispanic or Latino					
	Age	Infants and Toddlers					
		O-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	195					
	Population Details	Text goes here					
		Character 14 (Marinum 500					
		Characters: 14 / Maximum: 500					

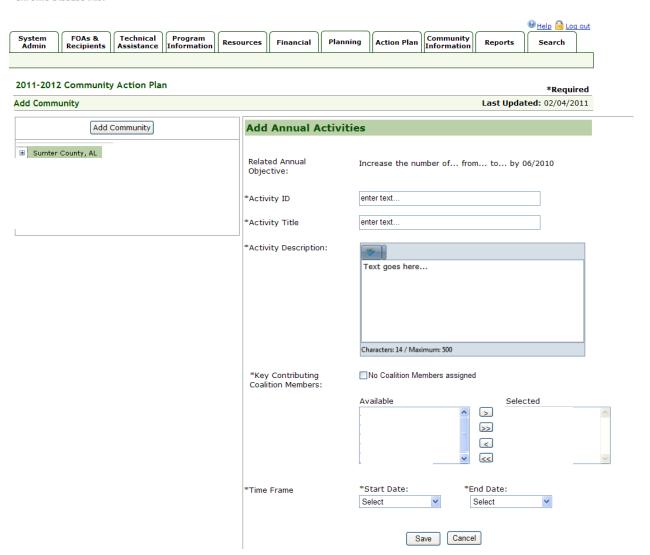


Chronic Disease MIS: DELTA

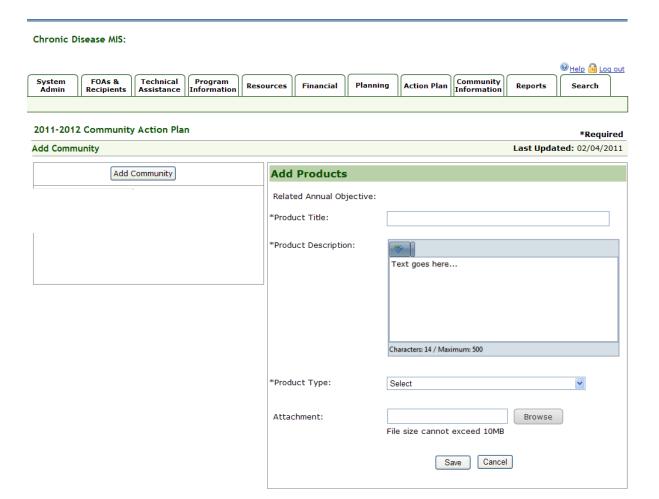




# Community - CAP: Add Activity



# **Community Product - Add page**



# **Community Evaluation- Add page**

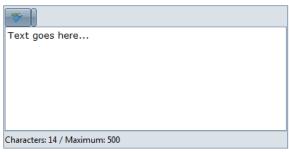
										Help      □ Le	og ou
System Admin	FOAs & Recipients	Technica Assistanc		Resources	Financial	Planning	Action Plan	Community Information	Reports	Search	7
Adillili	Recipients	Assistant	e   Illioilliatioi	'				Illiorillation			
2011-2012	2 Community	Action P	lan							*Requ	iired
Add Comm	unity Evaluta	ition							Last Upda	ted: 02/04/	
	,								•		
*Related Co	mmunity:	Se	elect	~							
*Do you have your Evaluability Assessment Procedure for your Strategies:			Yes Enter Date:								
				Attach Evaluab	oility Assessme	ent Procedure	(21MB)				
						Browse					
				Evaluability Ass the program:	sessment proc	edure include	s learning abo	ut the following	core elemen	nts about	
				Program Des	sign / Program	n Theory					
				Existing dat							
				■Infrastructu ■Resources	ire & capacity	for data coll	ection				
						cedure inclu	des the follow	ing data collec	tion method	ls:	
				□ Document F □ Secondary							
				Interviews							
				Observation							
				Other							
		0	No								
			Expected								
			Completion Date:								
				for your Strate		e on conducti	ng an Evaluab	ility Assessmen	T.		
				ABC							
				Text goes he	re						
				Characters: 14 / N	/laximum: 500						
*Do you hav summary re	e the findings	•	Yes		_						
Evaluability	Assessment of	of your	Enter Date:								
Strategies?			*	Attach Evaluab	oility Assessme	ent Finding/Su	mmary Report	(3MB)			
						Browse					
				Evaluability Ass	scessment Too	ol includes the	following core	elements:			
				Description	of data collec	tion methods	and process				
				Key Findings							
				Theory of c	-						
				□Logic model □Recommend							
				Identifies ar		vement					
				Identifies co			aluated				
				☐Identifies fe	asible and us	eful evaluatio	n questions				
			No								
			Expected Completion								
			Date:	What is your n	rogress to dat	te on develon	ing the finding	s/summary rep	ort from the		
				Evaluability As				o, summary rep	ore from the		
				ABC							
				Text goes he	re						
				Characteristics	Ai 500						
				Characters: 14 / N	viaximum: 500						

*Do you have your	○Yes	
Evaluation Plan?	Enter Date:	
		*Attach Evaluation Plan (5MB)
		Browse
		*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:
		A55
		Text goes here
		Characters: 14 / Maximum: 500
		Characters: 14 / Maximum: 500
*Do you have any evaluation		
findings to share?	Enter Date:	
		*Attach Findings
		Browse
		*Evaluation findings describe the following core elements:
		Evaluation Purpose
		Evaluation Methods Results
		Unanticipated Outcomes
		Limitations
		Recommendations
	○No	
	Expected Dat	re:
		Describe the progress to date on your evaluation activities:
		ABC
		Text goes here

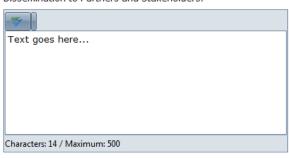
Characters: 14 / Maximum: 500

\*Were the Evaluation Findings utilized? Yes

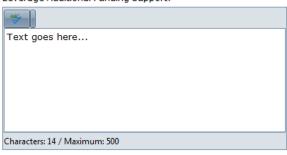
Program Improvement:



Dissemination to Partners and Stakeholders:



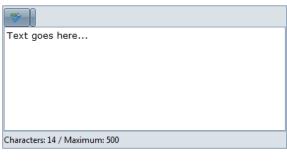
Leverage Additional Funding Support:



○No

Expected Date:

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



Save Cancel

## **Community Evaluation – Evaluation Documents – List Page**



## **Community Evaluation - Evaluation Documents - Add Page**

