

#### Chronic Disease Management Information System (MIS)

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

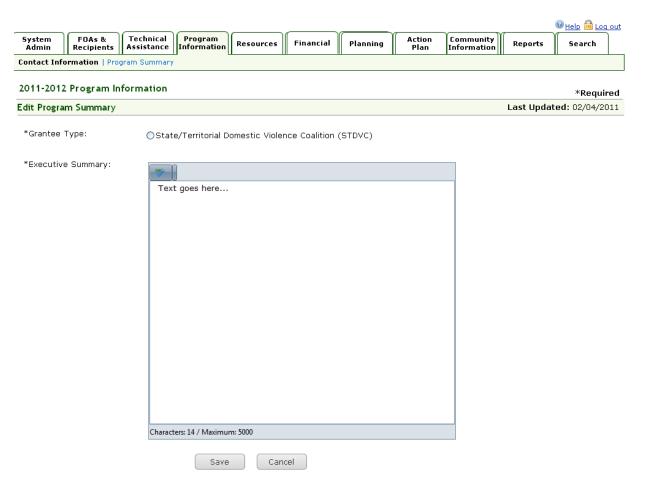
ty problem with this CDC website, please e-mail CDMIS Support at cdmis@cdc.gov. Be sure to specify the web page or file which has the accessibility issue.

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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**

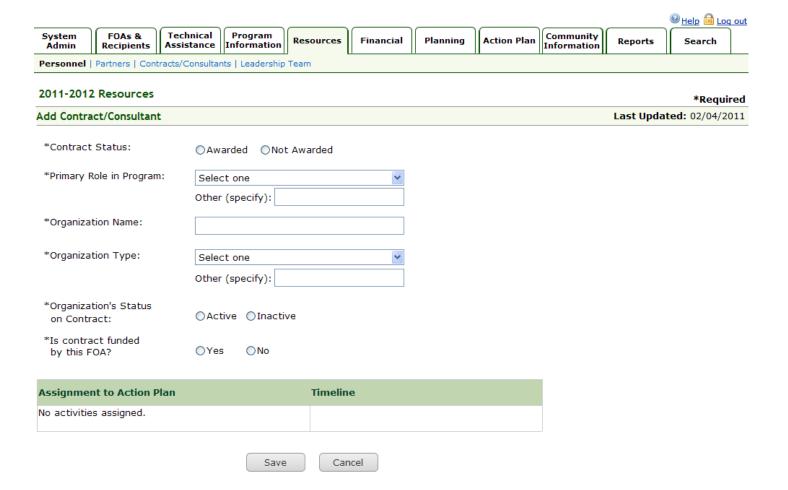


										(Help (Log ou
System Admin	FOAs & Recipients	Technical Assistance	Program Information	Resources	Financial	Planning	Action Plan	Community Information	Reports	Search
Personnel	Partners   Con	tracts/Consul	tants   Leadership	Team						
2011-2012	2 Resources									*Required
Add Person	inel								Last 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-							
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		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									
	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 %									
	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.										
	1									
	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									
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	Collaborative  Behavioral Risk Factor Surveillance %									
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	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	Select									
Represented:	Select  Other (specify):									
	S. 1.5. (Space, 7,7.									
Assignment to Action Pla	n Timeline									
No activities assigned.										
	Save Cancel									

# **Resources: Contracts/Consultants**



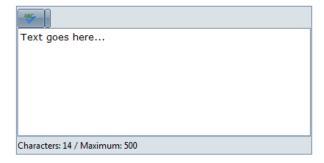
# **Resources: Leadership Team**

## Chronic Disease MIS: DELTA

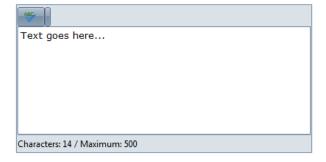
										Help 🛅 Log o
System Admin	FOAs & Recipients	Technical Assistance	Program Information	Resources	Financial	Planning	g Action Plan	n Community Information	Reports	Search
Personnel   P	artners   Contra	acts/Consultan	nts   Leadership	Team						
2011-2012	Resources									*Require
Edit Leader	ship Team								Last Updated	_
*Leadership	Team Name:									
*Members:										
Members.		Org	ganization Nam	e O	rganization Ro		organization Typ	oe .		3
							Select		Add	J
							Other (specify):			
		Orga	anization Nar	ne	(	Organizatio	n Role	Orga	nization Type	
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								l		
*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)

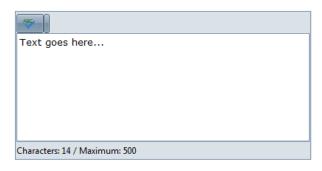
\*How were Leadership Team Members Identified?



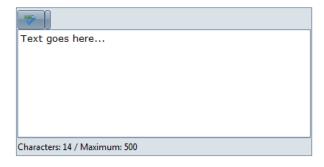
\*How is the Leadership
Team engaged in the
development,
implementation, and
ongoing review and
updating of the State
Action Plan and the as
needed reviewing and
updating of existing state
plans for IPV primary
prevention?



\*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?

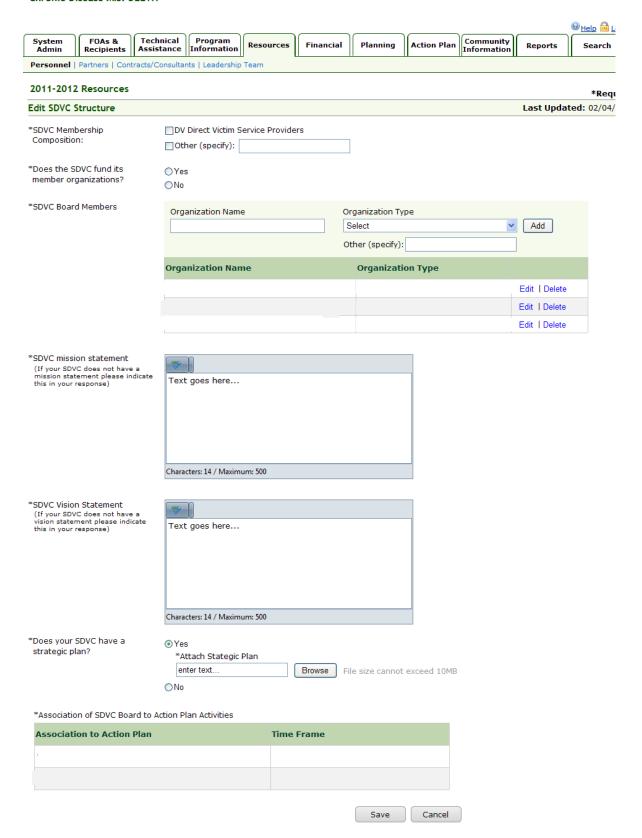


\*Summarize the frequency, structures and processes for communication within the Leadership Team (e.g. meeting frequency, succession planning, orientations, etc.)



Association to Action Plan	Time Frame

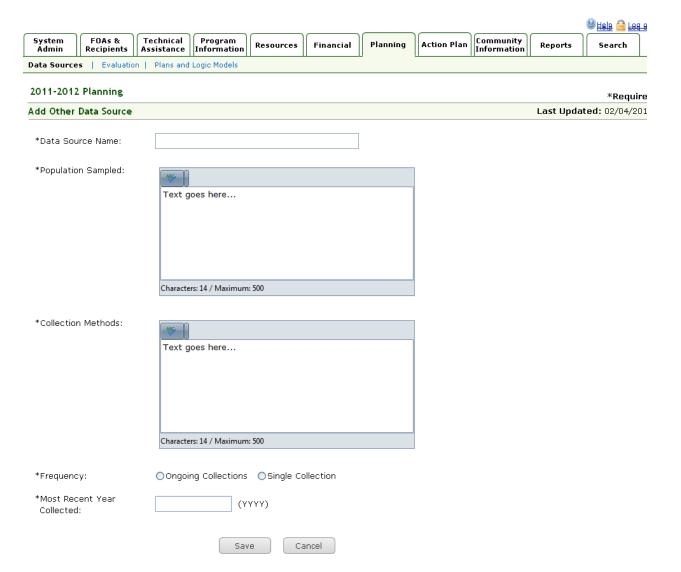
Save Cancel

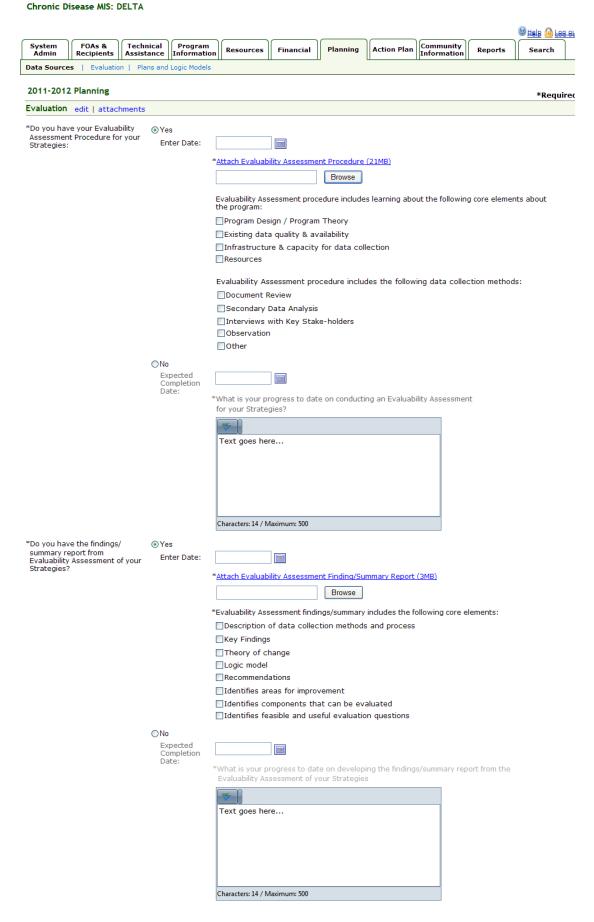


# **Planning: Standard Data Sources**

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					
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				rveillance Epic	lemiology and	End Results	(SEER) Progra	am	2008		
				S. Census iited States Re	D-t- C	to a (HCDDC)			2009		
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				omon Infants	and Children	(MIC)					
				omen, Infants, outh Risk Behav			VDDCC\		2009		
				her (specify):		ice System (	11033)		2009		
				or (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:

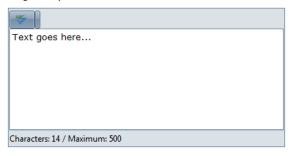
Describe the progress to date on your evaluation activities:

Text goes here...

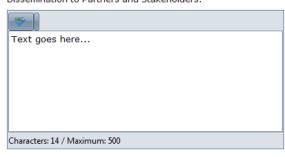
Characters: 14 / Maximum: 500

Yes

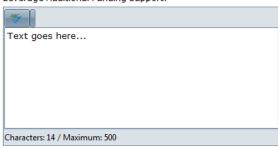
Program Improvement:



Dissemination to Partners and Stakeholders:



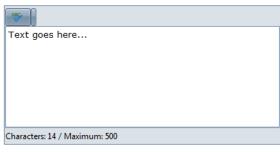
Leverage Additional Funding Support:



 $\bigcirc$ No

Expected Date:

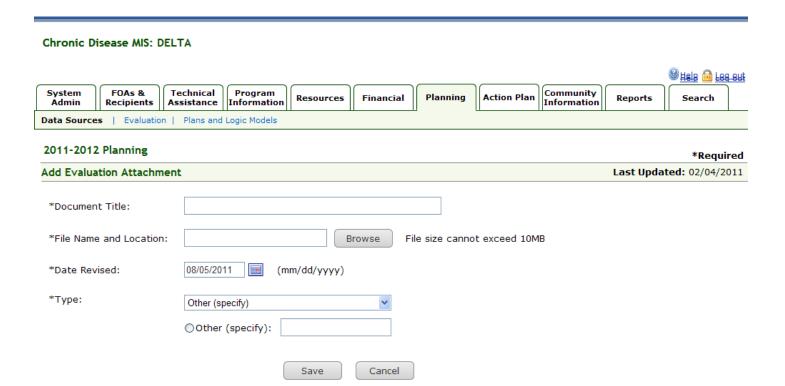
Describe the progress to date on your activities to utilize evaluation findings:



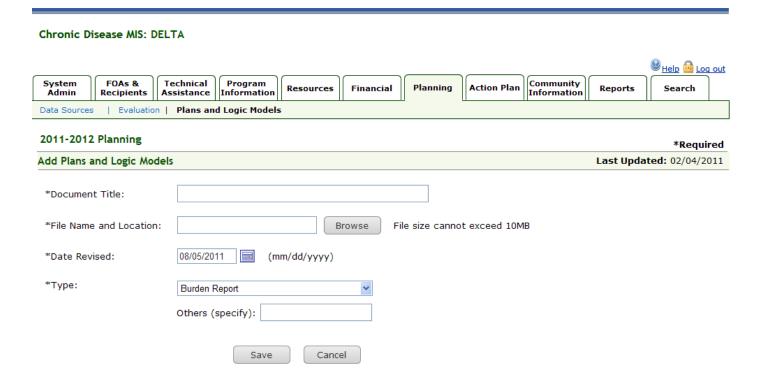
Save

Cancel

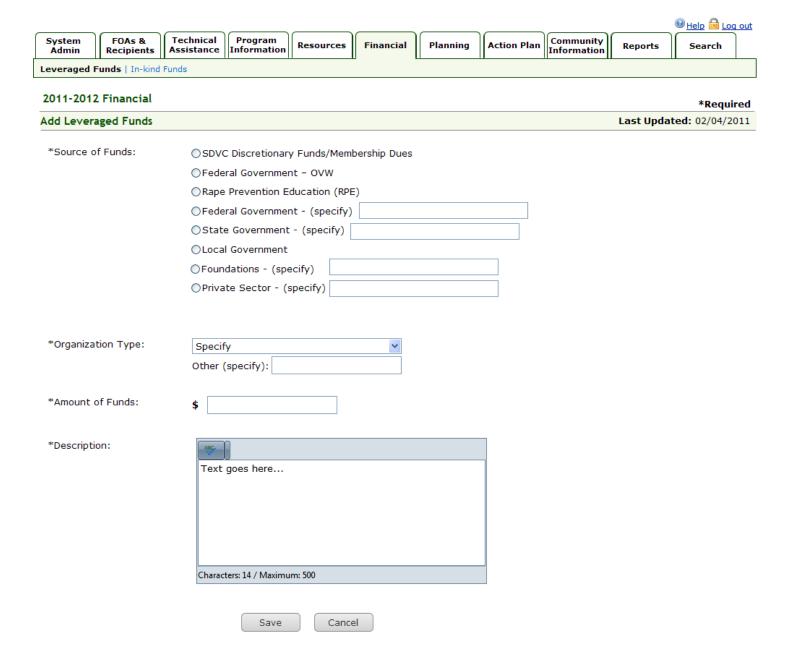
# **Planning: Evaluation Documents (Attachments)**



# **Planning: Plans and Logic Models**



# **Financial: Leveraged Funds**

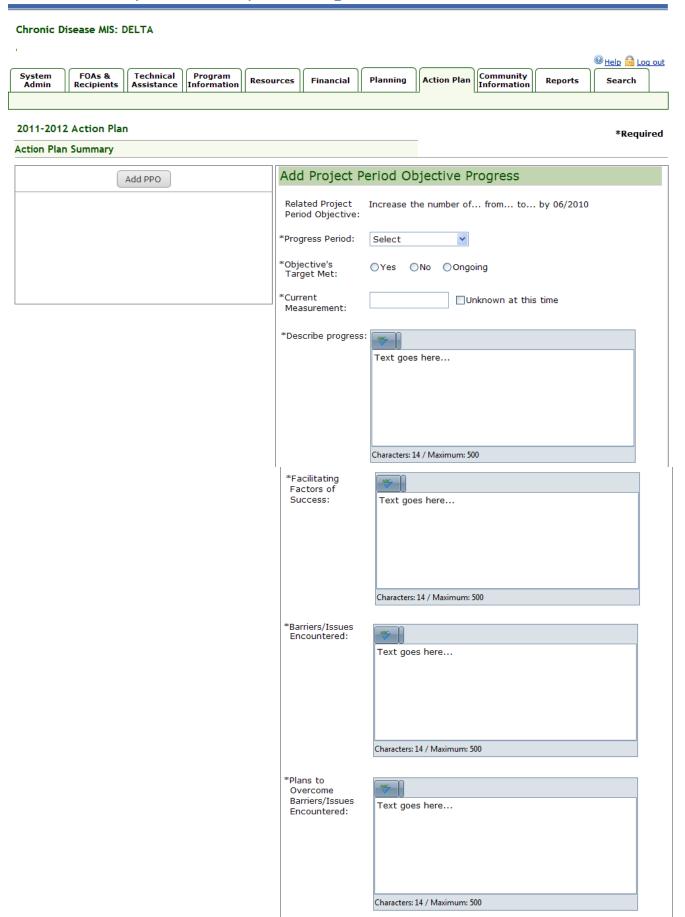


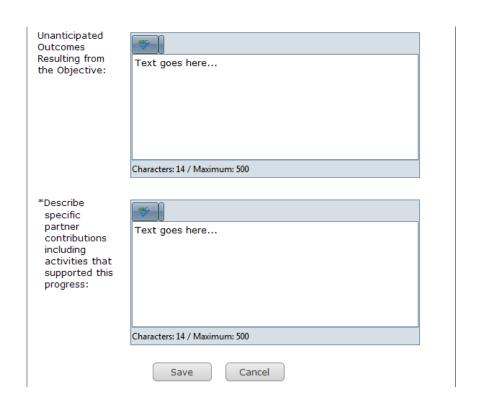
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System Admin	FOAs & Recipients	Technical Assistance		Resources	Financial	Planning	Action Plan	Community Information	Reports	Search	
Leveraged F	Funds   In-kind	Funds									
2011-2012	2 Financial									*Required	
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		Me	edia/Publishing		\$						
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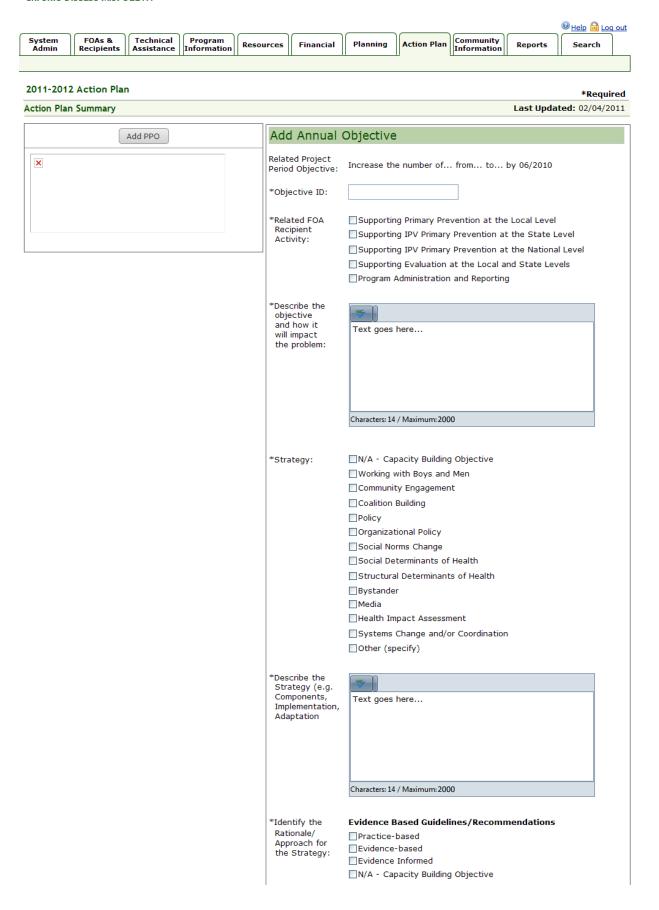
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System Admin	FOAs & Recipients	Technical Assistance	Program Information	Resources	Financial	Planning	Action Plan	Community Information	Reports	Search
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2011-2012	2 Action Plan									
		1								*Required
Action Plan	Summary								Last Upd	ated: 02/04/2011
		Add PPO		Ad	d Project	Period O	bjective			
					ective ID:					
				*Rela Goa	ated Program II:			on of state leve of IPV primary		teams to 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
							n of state and s (11-15)	d local level IP	V primary p	revention
				*Prio	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**

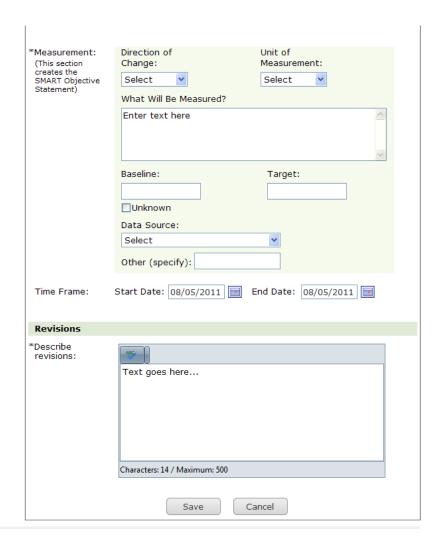




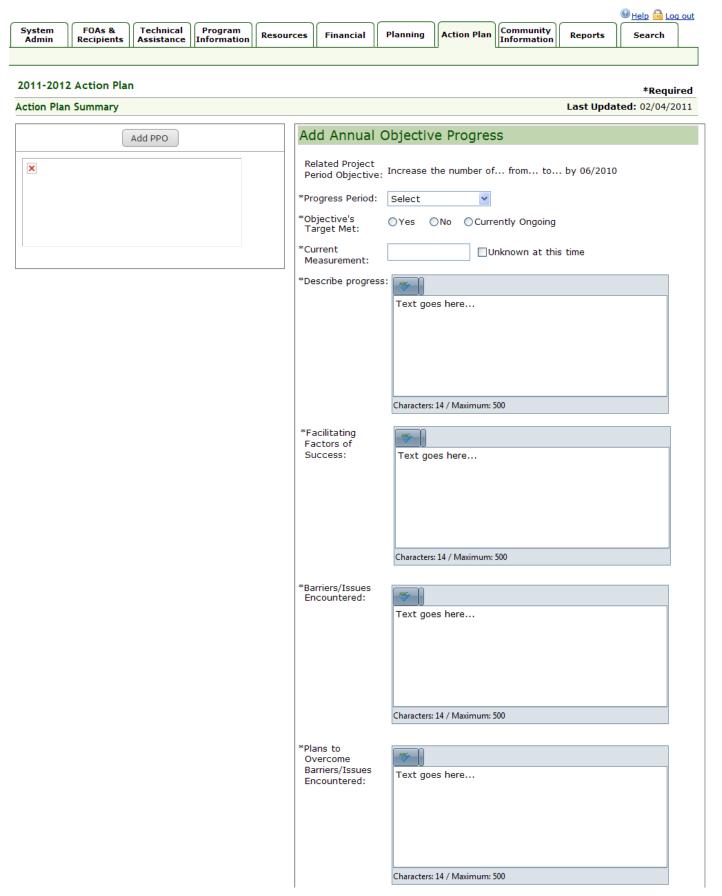


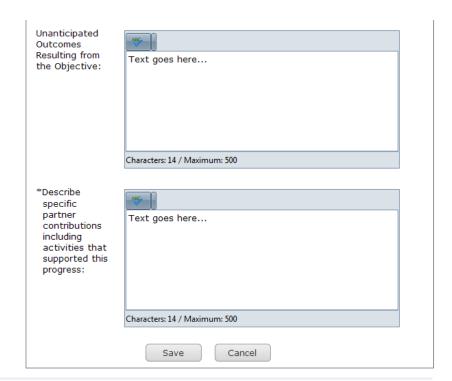
kn'h'	
*Describe the Evidence/	ABC
Practice Base	Text goes here
for the Strategy	
	Characters: 14 / Maximum: 500
*Conn.	ONational
*Scope:	National     Multi-State Region
	OState
	OTribe/Tribal Organization
	Mulit-City
	Ocity
	Multi-County
	County
	OIndividual School
	Multiple School District
	OSchool Districts
	Multiple Neighborhoods
	Neighborhood
	Ouniversity/College Campus
	Other - Capacity Building
*Level of	☐ Individual
Change:	Relational
	Community
	Societal
	Other - Capacity Building
	Other (specify):
	(Specify).
*Type of	Awareness
*Type of Change:	Knowledge
	_
	☐ Attitude ☐ Belief
	Behavior
	Community Engagement
	Social Norm
	Systems Change
	Organizational Policy
	Policy
	Organizational Structure and/or Practice
	Other - Capacity Building
*Cross-cutting	Child Maltreatment
issues:	Child Sexual Abuse
	Gender Equity
	Healthy & Active Community
	Poverty
	Reproductive Health
	Sexual Violence
	Substance Abuse
	Suicide
	Teen Dating Violence
	Youth Violence
	Other
	(specify):

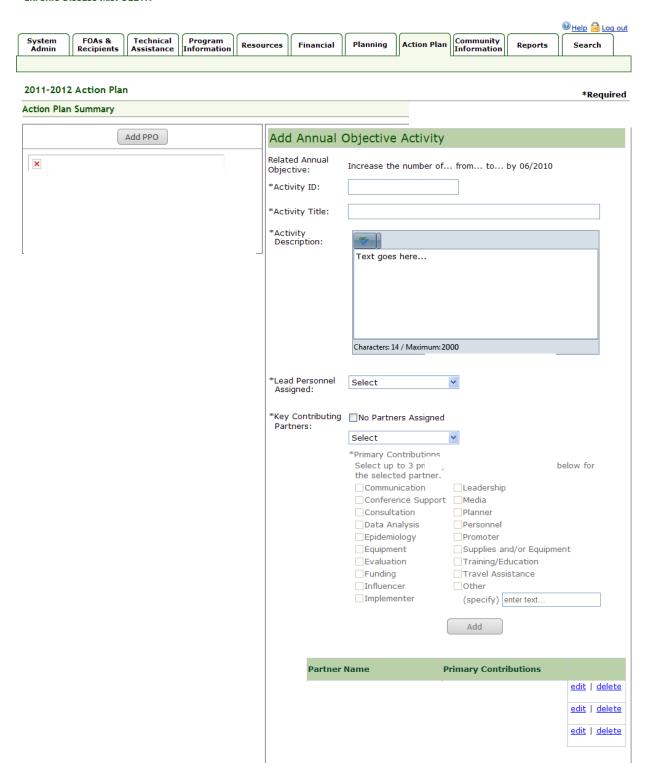
*Population Focus:	<ul><li>● General Population</li></ul>	
1 ocus.	Specific Popu	ılation
	Gender	□ Female □ Male
		Transgender
	Sexual Identity	Bisexual
	,	☐ Gay ☐ Heterosexual
		Lesbian
		Questioning
	Race	African American or Black
		American Indian or Alaska Native Asian Indian
		Chinese
		Filipino
		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 Years25-39 Years40-49 Years
		Older Adults  50-64 Years  65 Years and Older
	Geography	Rural
		Suburban Frontier
	Other Populations	Socioeconomic Status (SES) (specify) Disability
		Other (specify):
	Additional Population Details	Text goes here
		Characters: 14 / Maximum: 500

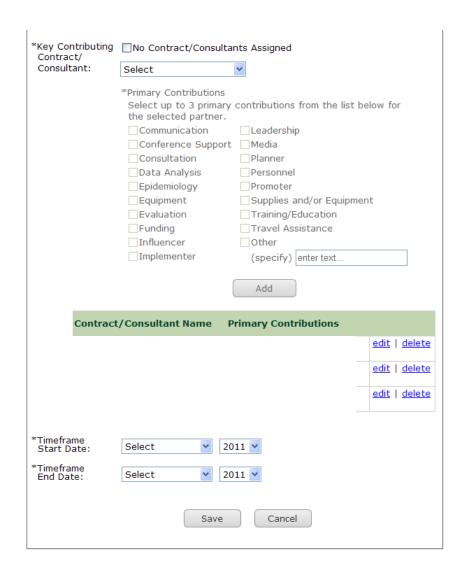


### Chronic Disease MIS:

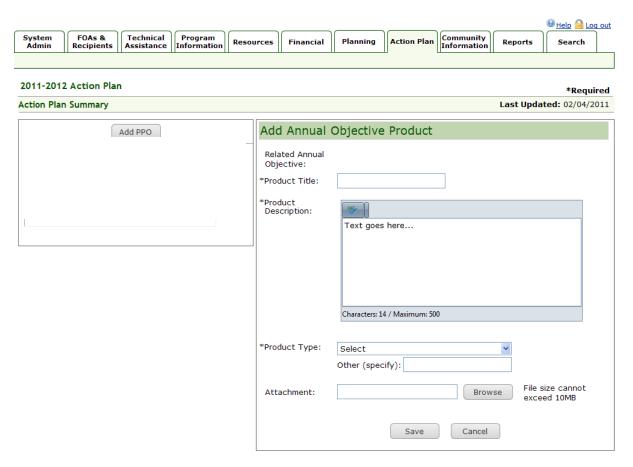






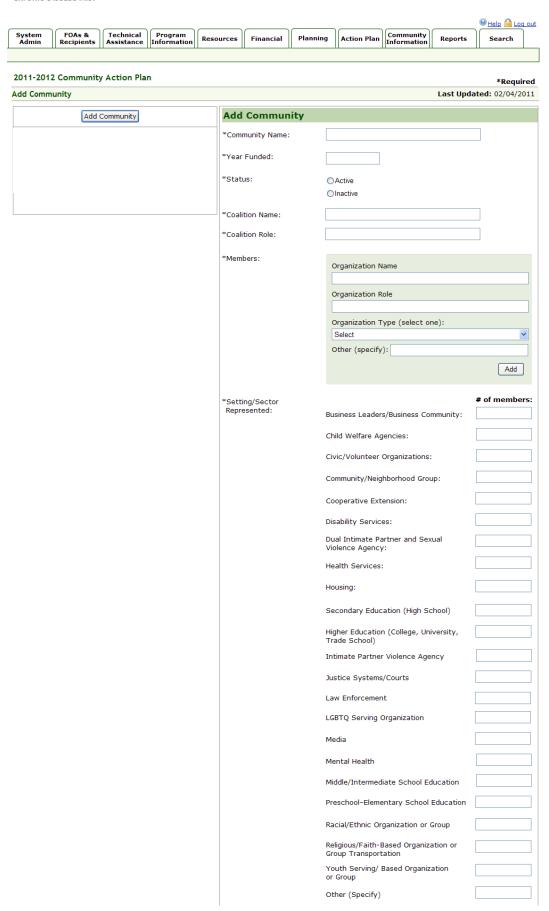


# **Action Plan: AO Product**



# **Community - Add Community Information**

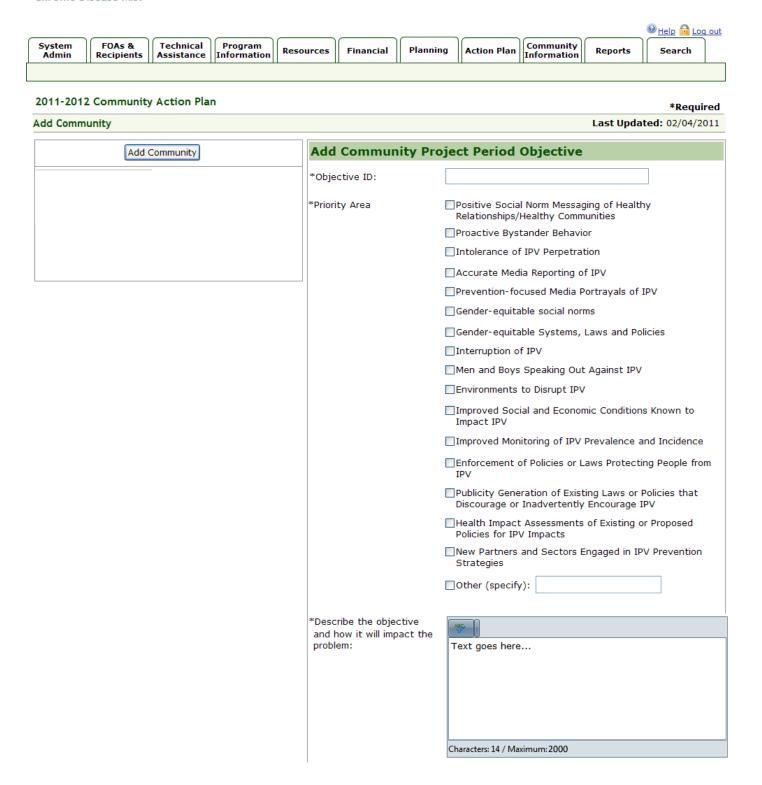
Chronic Disease MIS:

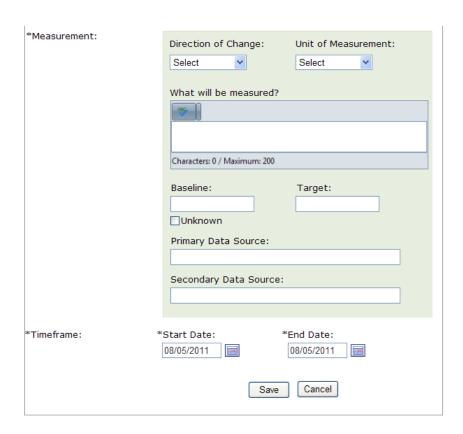


*How were coalition members identified?	Text goes here
	Characters: 14 / Maximum: 500
*How are coalition members engaged in the development, implementation and ongoing review and updating of the Community Action Plan for IPV prevention strategies?	Text goes here
	Characters: 14 / Maximum: 500
*Summarize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

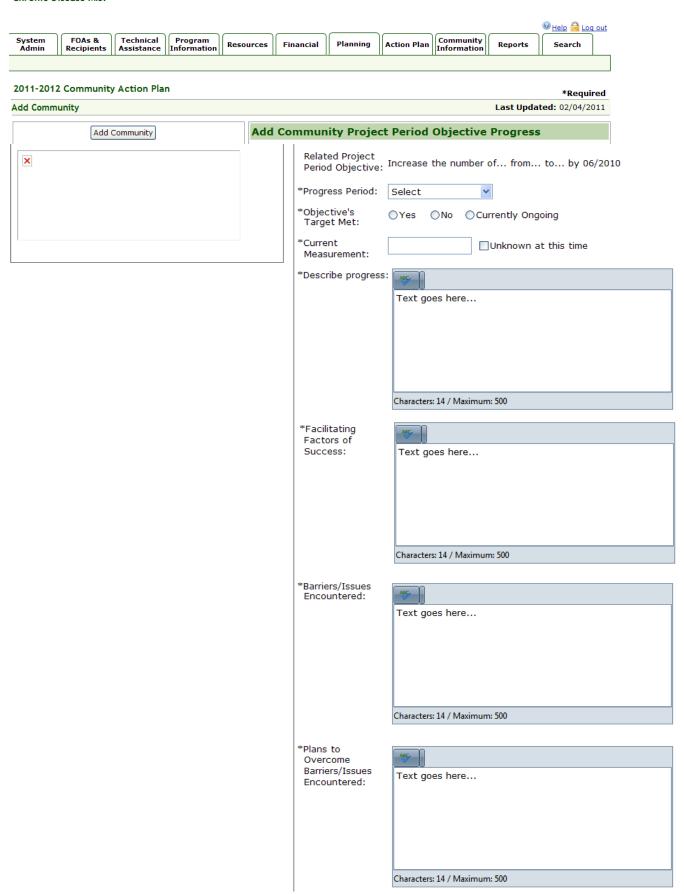
# Community - CAP: Project Period Objective

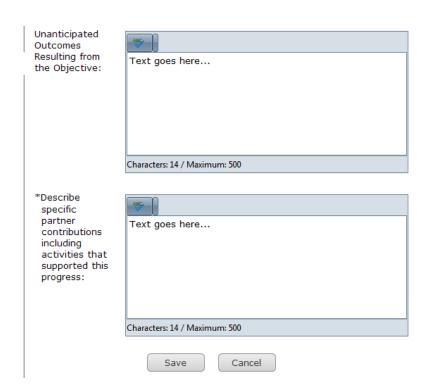
#### Chronic Disease MIS:

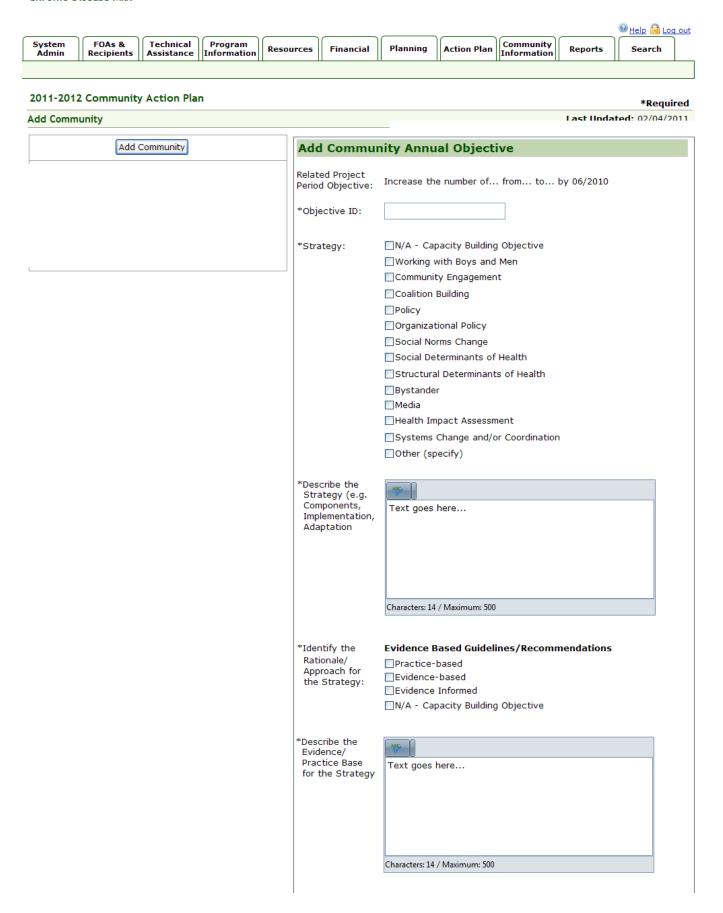




## **Community - CAP: Project Period Objective Progress**





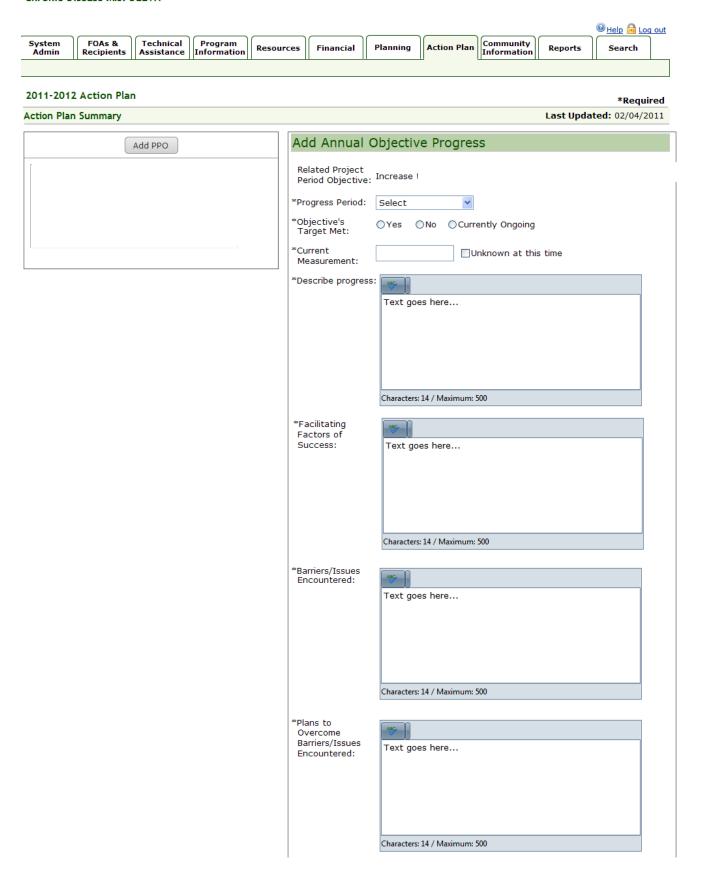


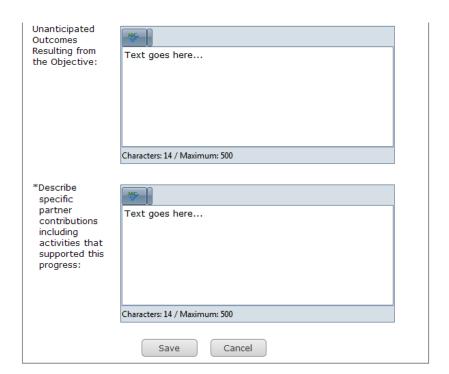
*Scope:	National Multi-State Region State Tribe/Tribal Organization Mulit-City City Multi-County County Individual School Multiple School District School District Multiple Neighborhoods Neighborhood University/College Campus Other - Capacity Building
*Level of Change:	☐ Individual ☐ Relational ☐ Community ☐ 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							
Focus:	O 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					
		□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 Population Details	Text goes here					
		Characters: 14 / Maximum: 500					

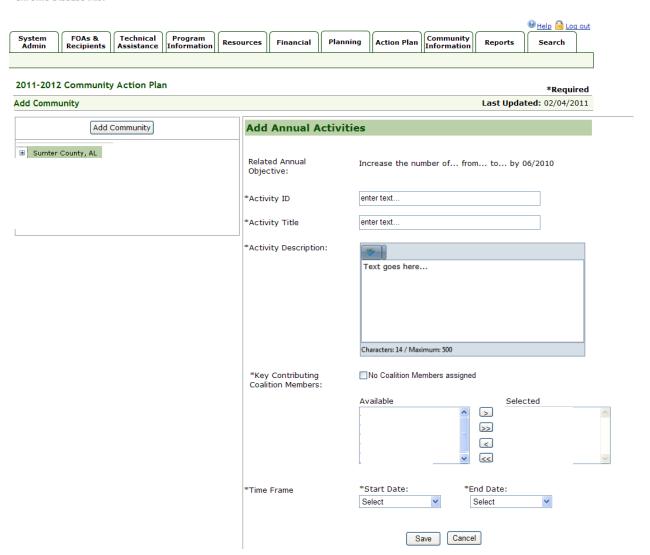


Chronic Disease MIS: DELTA

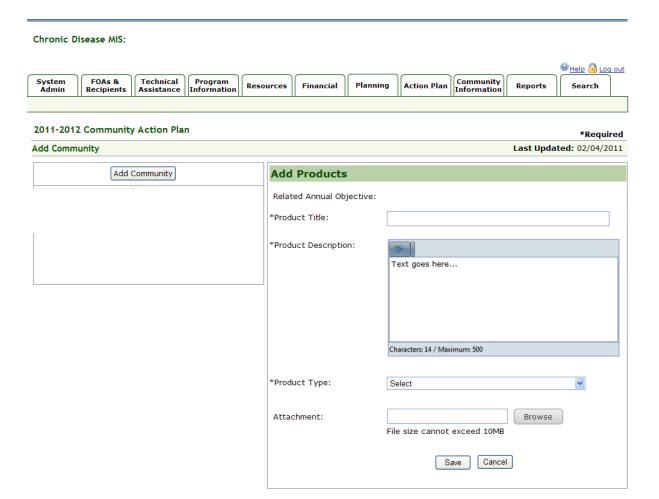




# Community - CAP: Add Activity



# **Community Product - Add page**



# **Community Evaluation- Add page**

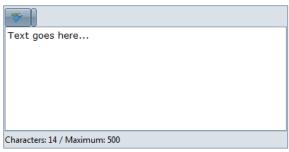
										Help      □ Le	og ou
System Admin	FOAs & Recipients	Technica Assistanc		Resources	Financial	Planning	Action Plan	Community Information	Reports	Search	7
Adillili	Recipients	Assistant	e   Illioilliatioi	'				Illiorillation			
2011-2012	2 Community	Action P	lan							*Requ	iired
Add Comm	unity Evaluta	ition							Last Upda	ted: 02/04/	
	,								•		
*Related Co	mmunity:	Se	elect	~							
*Do you have your Evaluability Assessment Procedure for your Strategies:  Enter Da			Yes Enter Date:								
				Attach Evaluab	oility Assessme	ent Procedure	(21MB)				
						Browse					
				Evaluability Assessment procedure includes learning about the following core elements about the program:							
				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:								
				*What is your progress to date on conducting an Evaluability Assessment for your Strategies?							
				ABC							
				Text goes here							
				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				
		0	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:
		45
		Text goes here
		Characters: 14 / Maximum: 500
*Do you have any evaluation	<ul><li>Yes</li></ul>	
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:
		ASC
		Text goes here

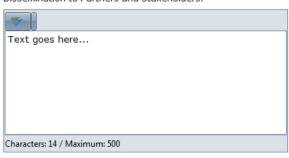
Characters: 14 / Maximum: 500

\*Were the Evaluation Findings utilized? Yes

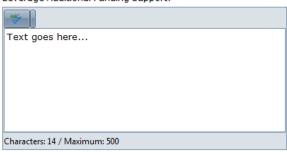
Program Improvement:



Dissemination to Partners and Stakeholders:



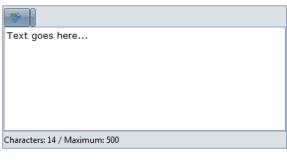
Leverage Additional Funding Support:



○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**

