## Attachment 3— Work Plan Tool Screenshots

Form Approved OMB No. <u>0920-xxxx</u> Exp. Date xx/xx/xxxx

Public reporting burden of this collection of information is estimated to average 10 hours for the initial population of the tool and 3 hours for annual reporting 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).

## Rape Prevention and Education (RPE) Work Plan Tool



**Before You Begin:** The goals of the RPE cooperative agreement (14-1401) are to improve the ability of RPE-funded organizations to use the public health approach and effective prevention principles to implement and evaluate sexual violence prevention strategies. The Work Plan Tool will capture key information on your goals, objectives and activities relating to the implementation and evaluation of sexual violence prevention strategies.

**Instructions:** Please use this Tool to prepare a work plan for the Rape Prevention and Education Program. For instructions on completing this Tool, please refer to the reporting guidance.

**Submission:** In addition to uploading it onto grants.gov for your continuation application, please submit the completed Tool with your Annual Performance Report to your Project Officer and to the following email address: <a href="mailto:dvpevaluation@cdc.gov">dvpevaluation@cdc.gov</a>

**Technical Tips:** You may navigate this Tool by clicking on the navigation menu (shown below) located at the top of each spreadsheet.

Component I:

Home Page:
This Page

Component II:

Implementation and Program
Evaluation of Sexual Violence (SV)
Prevention Strategies Using a
Public Health Approach

Component II:
Provision of Training and TA to
RPE-funded Organizations on the
Implementation of SV Prevention
Strategies

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Strategies

Please enter information into the yellow fields. If you enter an invalid character in any field that is not open text, an error message box will pop up.

**Questions and Support:** If you have any content-related questions or need assistance, please contact your Project Officer. If you need technical support at any time, please send an email with a detailed description of your need to the <a href="mailto:dvpevaluation@cdc.gov">dvpevaluation@cdc.gov</a>

Goal 1				als, as needed within this (	
Annual Objective 1.1			What is the state	is of this objective?	
annual Objective 1.1			What is the state	is of this objective:	
Activity Description	Respo	nsible Party	Estimated Completion	Activity Progress Measure(s) (Optional)	Status
			·		

How are funds allocated to evaluate your prevention     (Mark "x" for one of the choices below)	strategies?	
Evaluation is being implemented at the state level. Funds are allocated through the state level budget. [Answer Q1a]		
Evaluation is being implemented at the implementer (sub-awardee) level. Funds are allocated through the implementer's budget.  [Skip to Component 2]		
Evaluation is being implemented at the prevention strategy level. Funds are allocated through the prevention strategy budget.  [Skip to Component 2]		
Not applicable. [Please explain in the space below then skip to Component 2]:		
1.a. How much funding is allocated to evaluate your pr	evention strategies? Provide info	nformation in dollar amounts.

Activity Programme Estimated Activity Programme Act	aca wianii una Cu	omponent.		
Activity Programme Estimated Activity Programme Act				
Activity Programme Estimated Activity Programme Act				
Activity Description Responsible Party Estimated Completion Measure(s)	Annual Objective 1.1 What is the status of this objective?			
Activity Description  Responsible Party  Estimated Completion  Measure(s)  Measure(s)				
	rogress e(s) (Optional)	Status		
Add Additional Objective				

Home	Component I	Component II	Component III

Component III: Participation in RPE Program Support Activities

Which of the following CDC-Sponsored program support activities will you participate in this year? (mark "x" or "as needed" for all that apply)			
Program Support Activity	Select all that apply	Description of participation (Optional)	
Annual RPE Leadership Training		<u> </u>	
CDC site visit or reverse site visit			
E-Learning Collaboratives (Peer Learning Forums) on SV prevention and/or evaluation (facilitated by PreventConnect)			
State-specific training or TA from NSVRC			

Add Program Support Activity