

ATTACHMENT 1: NRC PROJECT LAUNCH NEEDS ASSESSMENT

Public Burden Statement: 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. The OMB control number for this project is 0930-0xxx. Public reporting burden for this collection of information is estimated to average one hour per needs assessment focus group and 20 minutes per needs assessment interview, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

NOTE: An annual needs assessment will be conducted for the Project LAUNCH program. For this needs assessment, two focus groups of resource specialists (five persons per focus group), and 36 surveys (one per grantee) will be conducted annually to assess the annual training and technical assistance (T/TA) needs of grantees. The results will be reported in annual needs assessment reports, submitted to NRC leadership to support annual T/TA planning.

Focus Group with RSs. Community Science will reach out to the RSs to schedule a one-hour focus group. All 10 RSs will be invited to participate in the focus group. Based on their availability, the RSs will be divided into two focus groups, ideally five in each group. The focus group will be conducted over the Internet or by telephone. Prior to the focus group, the RSs will be asked by email to identify which are the grantees' current grant phases, the grant phases they expect the grantees to transition into (e.g., Implementation or Transition phases) and the key activities that the grantees will be working on over the next 12 months. The RS will be also asked to identify the most appropriate person (e.g., young child wellness coordinators or person most familiar with the Project LAUNCH grant) per grantee to complete the Project LAUNCH Needs Assessment Survey. The focus group questions will be provided to the RSs prior to the scheduled focus groups.

Needs Assessment Survey. The RSs will make an initial request to the young child wellness coordinators, young child wellness experts, and young child wellness partners to participate in the Project LAUNCH Needs Assessment Survey. The RSs will be asked to identify the person most familiar with the Project LAUNCH grant to complete the survey. A sample script for RSs' use will be provided by Community Science. Following that correspondence, Community Science will send an email (with the electronic link to the survey) to the selected representatives, inviting them to complete the Project LAUNCH Needs Assessment Survey. Each grantee will complete one survey. The survey will be available to complete for two weeks.

INVITATION LANGUAGE

Focus Group Invitations

Draft Email Invitation to Resource Specialists (to be sent by Community Science)

Dear **[insert resource specialist's name here]**:

I am writing you on behalf of the National Resource Center for Mental Health Promotion and Youth Violence Prevention (NRC) Assessment Team at Community Science.

We would like you, as a resource specialist, to participate in one focus group teleconference to discuss your grantees' needs and your needs, if any, as a resource specialist to assist your grantees in training and technical assistance (T/TA) in the best ways over the next year. Participation is voluntary. Your individual responses are confidential. Your name will not be associated with responses presented in aggregate form to the American Institutes for Research (AIR) and the Substance Abuse and Mental Health Services Administration (SAMHSA). The interview findings will be used to improve service delivery and identify professional development needs.

You may recall the needs assessment interviews conducted last year. We recognize that needs can change over time, and therefore, we are assessing any current needs. The process this year will be similar to last year's assessment. There will be up to two focus groups with Project LAUNCH resource specialists. The two groups will be formed based on the resource specialists' available times, and each group will include about five resource specialists. The focus group will be conducted over an online meeting or by telephone and is expected to take approximately one hour to complete. Attached is a copy of the focus group questions. Please take some time to review and make note of your responses in preparation for our discussion.

In preparation of the focus group, we would like to ask you to identify your grantees' current grant phase, which grantees you anticipate transitioning into their next grant phase (e.g., Implementation, Transition phases) over the next 12 months, and the activities the grantees will be working on over the next 12 months. Please click this link here **[insert link]** to provide us with this information.

Lastly, using the same link provided above, please indicate your available times for the focus group. Please complete the form by **XX/XX/XX**. TBD from Community Science will follow up with you to confirm the focus group time.

We thank you for taking time out of your schedule for the needs assessment focus group.

If you have any questions, please contact TBD.

Thank you,

TBD

[Insert standard email signature]

Needs Assessment Survey Invitations

Draft Email Invitation to Grantees (to be sent by resource specialists)

Dear **[insert grantee representative's name here]**:
[cc: survey director]

I am writing you to encourage you to participate in the upcoming needs assessment for grantees. Your input will be extremely helpful for us to ensure we are providing high-quality training and technical assistance to you.

As you may already know, the National Resource Center for Mental Health Promotion and Youth Violence Prevention (NRC) provides training and technical assistance (T/TA) to Project LAUNCH and Safe Schools Healthy Students grantees on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA). The T/TA delivered by the resource specialists is a main component of our services to these grantees. The NRC also provides online learning events, peer learning events, communities of practice, TA Gateway, grantee meetings, and other services to support grantees.

Community Science has been working with us and the NRC to help us assess how well we are providing T/TA to the grantees, how we can improve our services, and what further assistance is needed. As a part of this work, we would like to invite you to participate in a needs assessment survey that Community Science will be conducting.

You may recall the needs assessment focus groups conducted last year. We recognize that your needs can change, and therefore, we are assessing any current needs. This year, Community Science will be inviting you to complete an online survey, which will take no more than 30 minutes of your time.

Following this email, an email invitation, including the link to the online survey, will be sent to you. This email will be sent to you from noreply@gemailserver.com. Please check your junk box and spam filter as well to locate this invitation email. To receive reminders and future emails from Qualtrics in your inbox, please add noreply@gemailserver.com to your safe-sender list.

I would greatly appreciate if you would participate in the needs assessment survey. Even though participation is voluntary, your input is most important to us and will help us improve our training and technical assistance to support your work under this grant. Your individual responses are confidential. Your name will not be associated with responses presented in aggregate form to the American Institutes for Research (AIR) and SAMHSA.

I thank you for taking time out of your schedule for the needs assessment survey.

If you have any questions, please contact me at **[insert RS's email]** or call me at **[insert RS's phone number]**.

Thank you,

[Insert RS's name & signature]

Email Invitation to Grantees (to be sent by Community Science)

Subject line: Invitation to the Needs Assessment Survey

Dear **[insert name]**:

I am writing you on behalf of the National Resource Center for Mental Health Promotion and Youth Violence Prevention (NRC) Assessment Team at Community Science. We work closely with your resource specialist.

As **[insert RS's name]** described in **[her/his]** email, the NRC provides training and technical assistance to the grantees on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA). The training and technical assistance (T/TA) delivered by the resource specialists is a main component of their services to grantees. The NRC also provides online learning events, peer learning events, communities of practice, TA Gateway, grantee meetings, and other services to support grantees.

Community Science has been working with the NRC to help them assess how well they are providing the T/TA to the grantees. As a part of this work, we are inviting you to participate in a needs assessment survey.

You may recall the needs assessment focus groups conducted last year. We recognize that your needs can change, and therefore, we are assessing any current needs. The process this year is different from last year's process. This year, we are inviting you to complete an online survey, which will take approximately 30 minutes to complete. Your participation will enable the NRC to provide the service you need to make your work under this grant successful and sustainable.

[Include if sent to tribal grantee] We recognize that your tribe is a sovereign nation and you have freedom of choice to participate in the survey and will not be penalized in any way if you choose not to participate.

Your participation is voluntary. Your responses will be kept confidential and will be reported only in aggregate. Your name and organization will not be attached to specific comments and only the Community Science staff working on this project will have access to your individual responses. The project team has taken measures to protect all project data. The data you provide will be stored in a password-protected database. Only authorized project team members will have access to the database. All potentially identifying information will be removed at the project's conclusion.

To participate in the survey, click on this link **[insert link]**. Please complete the survey by **XX/XX/XX**.

We appreciate you taking time out of your busy schedule to complete the questionnaire. If you have any technical difficulties accessing the questionnaire, feel free to contact TBD. If you have any additional questions about this instrument and how it pertains to your grant, please feel free to contact your resource specialist.

Thank you!
Community Science

Email Reminder to Grantees (to be sent by Community Science)

Subject line: [Friendly Reminder] Needs Assessment Survey

Dear **[insert name]**:

This is a friendly reminder for you to complete the **Needs Assessment Survey**.

Your resource specialist has nominated you to complete this survey. Your participation will enable the NRC to provide the service you need to make your work under this grant successful and sustainable. The survey will take approximately 30 minutes to complete.

To participate in the survey, click on this link **[insert link]**. Please complete the survey by **XX/XX/XX**.

We appreciate you taking time out of your busy schedule to complete the survey.

If you have any technical difficulties accessing the questionnaire, feel free to contact TBD. If you have additional questions about this instrument and how it pertains to your grant, please feel free to contact your resource specialist.

Thank you!

Community Science

NRC NEEDS ASSESSMENT DATA COLLECTION INSTRUMENTS

Resource Specialist Focus Group Instrument

a. Prefocus group activity

*Prior to the focus group, each resource specialist will be asked to complete a prefocus group questionnaire, which will be sent via email. The content of the prefocus group questionnaire is described in the following, and a draft is attached in **Appendix B**:*

(1) Phases of Grantees: The resource specialist will be asked to identify the grantees' current grant phase and whether their grantees will be transitioning into the next phase in the next 12 months.

(2) Grantee Activities: The resource specialist will be asked to identify the key activities the grantees will be working on in the next 12 months per phase (see Appendix B for more detail). The information collected will be used to tailor the grantee focus group question.

b. Focus Group Questions

Hello, this is _____ with Community Science. We are part of the Assessment Team of the National Resource Center for Mental Health Promotion and Youth Violence Prevention. Thank you for scheduling this time to speak with me about the grantees' needs and your needs as resource specialists, and thank you all for providing us with your grantees' information in advance.

During our conversation today, we plan to discuss any needs the grantees may have or you may have to best assist your grantees for training and technical assistance over the next year. The conversation should last no more than one hour.

_____ is with us on this teleconference as a notetaker as well. She may be asking questions for clarity during our discussion.

As this is a group conversation, please state your name before you share your comment.

Your individual responses will be confidential (i.e., your name will not be associated with your responses). The information we gather through the discussions will inform the ongoing training and technical assistance (T/TA) provided by the National Resource Center, or NRC. Measures will also be taken to protect study data. Data from the interviews will not identify any specific person and will be stored in a password-protected database. Only authorized Community Science staff working on the evaluation will have access to the database. The briefs and reports produced will not identify specific individuals. All potentially identifying information will be removed at the study's conclusion. We also request a verbal affirmation from each participant to maintain confidentiality. As I call your name, please affirm your agreement to keep everything said in today's meeting confidential.

We would like your permission to record our discussion. This recording will only be used to supplement the notes that we are taking. The focus group facilitator and notetaker will be the only ones with access to the recording, which will be destroyed after the completion of the project. If you would like to make any statements off the record, we will turn off the recording and resume when ready. Do we have your permission to proceed with the recording?

Do you have any questions before we begin?

- For the following questions, think about the **Start-Up Phase** and your grantees that are currently in this phase: (15 min)
 1. What have your grantees at this stage been doing successfully and why?
 - a. What role has the Resource Team played in this success?
 2. What are the key challenges and barriers the grantees have experienced?
 - a. What role has the assigned RS, or the NRC through grantee-wide events or resources, played in assisting the grantee to address these challenges and barriers?
 3. What are the T/TA needs you anticipate your grantees in this phase will have over the next 12 months?
- For the following questions, think about the **Implementation Phase** and your grantees that are currently in this phase: (15 min)
 4. What have the grantees been doing successfully and why?
 - a. What role has the National Resource Center played in this success?
 5. What are the key challenges and barriers the grantees have experienced?
 - a. What role has the NRC played in assisting the grantee to address these challenges and barriers?
 6. What are the T/TA needs you anticipate your grantees in this phase will have over the next 12 months?
- For the following questions, think about the **Transition Phase** and your grantees that are currently in this phase: (15 min)
 7. What have the grantees been doing successfully and why?
 - a. What role has the National Resource Center played in this success?
 8. What are the key challenges and barriers the grantees have experienced?
 - a. What role has the National Resource Center played in assisting the grantees to address these challenges and barriers?
 9. What are the T/TA needs you anticipate your grantees in this phase will have over the next 12 months/remainder of their grants?

- For the following questions, think about all of your grantees: (15 min)

10. Which modes of T/TA delivery have been working best for the grantees? Why?

a. Which modes of T/TA have not been working as well for the grantees? Why?

11. Do you have any needs of your own (e.g., additional trainings, support) so that you can better address the grantees' needs? What additional supports or trainings do you want? If so, what are they?

Grantee Needs Assessment Survey Instrument

Needs Assessment Survey

The National Resource Center for Mental Health Promotion and Youth Violence Prevention (NRC) has developed this online assessment form to understand any needs you may have, as a key staff member of a grantee, for training and technical assistance (T/TA) over the next year. Your participation in this assessment will enable the NRC to provide the service you need to make your work under this grant successful and sustainable.

Your participation is voluntary, and your individual responses will be de-identified to maintain confidentiality. Your answers will be submitted directly to Community Science and will never be presented in a way that identifies individual respondents. Results will be provided in a report that will be used to ensure high-quality services to NRC services in the upcoming year. NRC will report to the Substance Abuse and Mental Health Services Administration (SAMHSA) on how it responded to respondents' needs in aggregate form. We will also share aggregate findings with you in the form of a brief summary report. It is important to obtain information from all invited grantee representatives to maintain quality and appropriateness of services.

Please note that, while taking the survey, you can review or amend your answers by using the "Previous Page" button before submitting the survey. Also before submitting the survey, you can leave and reenter the survey by closing the browser and exiting the survey. Your answers are automatically saved, and you can resume by using the survey link provided to you. However, once you submit the survey, you will not be able to go back to change any of your answers.

1. Which of the following best describes your role on the grant?

- Local child wellness coordinator
- Young child wellness expert
- Young child wellness partner
- Grantee-specific evaluator
- Other (please specify): _____

2. Please indicate your cohort:

- Cohort 4
- Cohort 5
- Cohort 6
- Expansion Cohort
- Other (please specify): _____

3. Please indicate if you are a territorial or tribal grantee:

- Territorial
- Tribal
- None of the above

4. In which of the following areas have you been most successful (i.e., able to accomplish with positive results) in the past 12 months?

- Needs and Resource Assessment
- Strategic Planning
- Identifying and Selecting Evidence-Based Programs (EBPs)
- Program Implementation
- Evaluation
- Sustainability and Resource Development
- Capacity Building
- Coalition Building and Maintenance
- Cross-Sector Collaboration
- Cultural Competence
- Health Disparities
- Communication and Social Marketing
- Information Technology
- Grant Management (e.g., reporting, adhering to timeline, hiring staff, budgeting)
- Other 1 (please specify): _____
- Other 2 (please specify): _____

4a. For the areas selected in the previous question, provide a brief description of the success and what NRC resources you might have used, if any, that helped contribute to that success (e.g., working individually with your resource specialist (RS), participating in online learning modules (OLMs), online learning events (OLEs), reading the NRC newsletter, the Project LAUNCH Line, using the TA Gateway and NRC website, etc.)?

5. There are general activities associated with the three phases – Start-Up, Implementation, and Transition. Your RS has indicated that you are currently in the ___ phase. Which of these activities are you currently conducting or will be conducting this year? **[Based on which phase they are in currently, display the current phase activities and next phase activities only.]**

Start-Up Phase Activities

Currently Conducting	Plan to Conduct	
<input type="checkbox"/>	<input type="checkbox"/>	Develop environmental scan
<input type="checkbox"/>	<input type="checkbox"/>	Develop evaluation plan
<input type="checkbox"/>	<input type="checkbox"/>	Develop strategic plan
<input type="checkbox"/>	<input type="checkbox"/>	Develop disparity impact statement
<input type="checkbox"/>	<input type="checkbox"/>	Establish Wellness Councils at the local and state, territorial, or tribal level
<input type="checkbox"/>	<input type="checkbox"/>	Hire key staff

Implementation Phase Activities

Currently Conducting	Plan to Conduct	
<input type="checkbox"/>	<input type="checkbox"/>	Work on service delivery on the 5 Project LAUNCH strategies
<input type="checkbox"/>	<input type="checkbox"/>	Implement at least 1 Project LAUNCH strategy
<input type="checkbox"/>	<input type="checkbox"/>	Implement all 5 Project LAUNCH strategies with evaluation data to support the strategies
<input type="checkbox"/>	<input type="checkbox"/>	Integrate systems involving infrastructure and workforce development
<input type="checkbox"/>	<input type="checkbox"/>	Develop sustainability plan (e.g., cultivating leadership and champions)

Transition Phase Activities

Currently Conducting	Plan to Conduct	
<input type="checkbox"/>	<input type="checkbox"/>	Submit a no-cost extension plan or application, if applicable
<input type="checkbox"/>	<input type="checkbox"/>	Have a transition plan for staff, leadership, and families receiving services
<input type="checkbox"/>	<input type="checkbox"/>	Finalize contracts with direct service providers to continue, transition, or terminate services available to children and families during the Project LAUNCH grant
<input type="checkbox"/>	<input type="checkbox"/>	Establish policies and procedures in the sustainability plan
<input type="checkbox"/>	<input type="checkbox"/>	Has a plan for close-out: wrap up grant activities, celebrate the work of the Wellness Councils, finalize and publicize evaluation reports, etc.

Other Activities

- Other 1 (please specify): _____
- Other 2 (please specify): _____
- Other 3 (please specify): _____

- 5a. Of the selected activities you have indicated in the previous question, please indicate whether you are anticipating challenges in completing these activities. Please also describe any needs you may have or ways in which the NRC can assist you to ensure successes in these activities?

	Do you anticipate having any challenges or need assistance in	Please describe the needs you may have or ways in which the NRC can

	completing this activity?	assist you:
[Carry over selection from Q5]	<input type="checkbox"/> Yes <input type="checkbox"/> No	
[Carry over selection from Q5]	<input type="checkbox"/> Yes <input type="checkbox"/> No	
[Carry over selection from Q5]	<input type="checkbox"/> Yes <input type="checkbox"/> No	

6. In which of the following areas have you experienced or anticipate experiencing challenges and could use help from the NRC?

- Needs and Resource Assessment
- Identifying and Selecting Evidence-Based Programs (EBPs)
- Evaluation
- Sustainability and Resource Development
- Capacity Building
- Coalition Building and Maintenance
- Cross-Sector Collaboration
- Cultural Competence
- Health Disparities
- Communication and Social Marketing
- Information Technology
- Grant Management (e.g., reporting, adhering to timeline, hiring staff, budgeting)
- Other 1 (please specify): _____
- Other 2 (please specify): _____

6a. Of the selected areas you have indicated in the previous question, please describe the needs you may have or ways in which the NRC can assist you so that these activities are more successful?

	Please describe the specific needs you may have and any suggestions on ways in which the NRC can assist you:
[Carry over selection from Q6]	
[Carry over selection from Q6]	
[Carry over selection from Q6]	

7. [Display if territorial grantee] Does the NRC adequately support your work to address the cultural and contextual issues specific to your territorial community? Yes No

7a. [If no] How could they do this better? (For example, EBP adaptation; territorial government; history)

Please describe in the space below:

8. **[Display if tribal grantee]** Does the NRC support your work to address the cultural and contextual issues specific to your tribal community? Yes No

8a: **[If no]** How could they do this better? (For example, EBP adaptation; tribal new and emerging best practices; tribal crosswalk project conducted by NRC partner National Indian Child Welfare Association; supporting community values and lifeways; historical trauma)

Please describe in the space below:

9. Are there any additional areas of assistance or types of services that the National Resource Center can provide to support your T/TA needs? (For example, how well does the NRC address the cultural and contextual issues, issues concerning systems-level change, key stakeholder engagement, integration of services, strategic use of partnerships and collaborations, etc.?)

Please describe in the space below:

Thank you for participating in this assessment!

To submit the answers that you have provided, please click the “Next Page” button below.

Please note that you can still go back to review or amend your answers by using the “Previous Page” button. You can also leave and reenter the survey by closing the browser and exiting the survey here, without proceeding to the next page. You can return to this page by using the survey link provided to you.

Please be aware that **ONCE YOU CLICK THE “NEXT PAGE” BUTTON BELOW, YOU WILL HAVE SUBMITTED YOUR SURVEY AND YOU WILL NOT BE ABLE TO GO BACK TO CHANGE ANY OF YOUR ANSWERS.** If you do need to regain access to your survey after submitting, please email **[insert name]** at **[insert email]**.

If you have any questions regarding this survey, please contact **[insert name]** at **[insert email]** or 301-519-0722, extension **[insert extension]**.

Thanks again!

Resource Specialist Prefocus Group Questionnaire

1. You have indicated the current phases of your grantees. For each grantee, please indicate whether you anticipate the grantee to transition into the next phase in the next 12 months (for the definitions of the three phases, please click here [*will include a hyperlink to document*]):

Grantee	Current Phase	Will the grantee be transitioning into the next phase in the next 12 months?
[Will be prefilled with RS's grantee(s) information]	<ul style="list-style-type: none"> • Start-Up • Implementation • Transition 	<ul style="list-style-type: none"> • Yes • No

2. Please think about your grantees in each phase, and based on your best estimate and on what you know now about the grantees, please select the Project LAUNCH activities that you anticipate the grantees will work on in the next 12 months (The activities listed in the table below were taken from the "Project LAUNCH Key Activities Per Phase for NRC TA Tracker" document.):

Phase	Please check all the activities under the appropriate phase that the grantee will be working on in the next 12 months:	In the space below, please include any notes or comments, if applicable:
Grantees in Start-Up Phase	Start-Up Phase Activities	
	• Develop environmental scan	
	• Develop evaluation plan	
	• Develop strategic plan	
	• Develop disparity impact statement	
	• Establish a Wellness Council	
	• Hire key staff	
	• Other (please describe): _____	
	Implementation Phase Activities	
	• Advocacy for Project LAUNCH activities and goals	
	• Coalitions and partnerships	
	• Communications and marketing	
	• Evaluation and continuous quality improvement	
	• Local implementation of Project LAUNCH activities	
	• Promoting cultural responsiveness	
	• Recruiting and retaining families and providers in Project LAUNCH services	
	• Reflective practice and supervision	
	• System change	
	• Strategy 1: Screening and assessment	
• Strategy 2: Integration of behavioral health into primary care settings		
• Strategy 3: Enhanced home visiting		

Phase	Please check all the activities under the appropriate phase that the grantee will be working on in the next 12 months:	In the space below, please include any notes or comments, if applicable:	
	<ul style="list-style-type: none"> • Strategy 4: Early childhood mental health consultation 		
	<ul style="list-style-type: none"> • Strategy 5: Family strengthening and parent skills training 		
	<ul style="list-style-type: none"> • Sustainability planning 		
	<ul style="list-style-type: none"> • Tribal approaches 		
	<ul style="list-style-type: none"> • Wellness Councils 		
	<ul style="list-style-type: none"> • Workforce development 		
	<ul style="list-style-type: none"> • Other (please describe): _____ 		
	Transition Phase Activities		
	<ul style="list-style-type: none"> • Close-out 		
	<ul style="list-style-type: none"> • Sustainability and transition 		
<ul style="list-style-type: none"> • Other (please describe): _____ 			
Grantees in Implementation Phase	Implementation Phase Activities		
	<ul style="list-style-type: none"> • Advocacy for Project LAUNCH activities and goals 		
	<ul style="list-style-type: none"> • Coalitions and partnerships 		
	<ul style="list-style-type: none"> • Communications and marketing 		
	<ul style="list-style-type: none"> • Evaluation and continuous quality improvement 		
	<ul style="list-style-type: none"> • Local implementation of Project LAUNCH activities 		
	<ul style="list-style-type: none"> • Promoting cultural responsiveness 		
	<ul style="list-style-type: none"> • Recruiting and retaining families and providers in Project LAUNCH services 		
	<ul style="list-style-type: none"> • Reflective practice and supervision 		
	<ul style="list-style-type: none"> • System change 		
	<ul style="list-style-type: none"> • Strategy 1: Screening and assessment 		
	<ul style="list-style-type: none"> • Strategy 2: Integration of behavioral health into primary care settings 		
	<ul style="list-style-type: none"> • Strategy 3: Enhanced home visiting 		
	<ul style="list-style-type: none"> • Strategy 4: Early childhood mental health consultation 		
	<ul style="list-style-type: none"> • Strategy 5: Family strengthening and parent skills training 		
	<ul style="list-style-type: none"> • Sustainability planning 		
	<ul style="list-style-type: none"> • Tribal approaches 		
	<ul style="list-style-type: none"> • Wellness Councils 		
	<ul style="list-style-type: none"> • Workforce development 		
<ul style="list-style-type: none"> • Other (please describe): _____ 			

Phase	Please check all the activities under the appropriate phase that the grantee will be working on in the next 12 months:	In the space below, please include any notes or comments, if applicable:
	Transition Phase Activities	
	<ul style="list-style-type: none"> • Close-out 	
	<ul style="list-style-type: none"> • Sustainability and transition 	
	<ul style="list-style-type: none"> • Other (please describe): _____ 	
Grantees in Transition Phase	<ul style="list-style-type: none"> • Close-out 	
	<ul style="list-style-type: none"> • Sustainability and transition 	
	<ul style="list-style-type: none"> • Other (please describe): _____ 	

Thank you for updating us about the status of your grantee(s).

3. Please choose a time that you are available for focus group by phone (60 minutes):

[Date and time options will be updated after approval.]

- Thursday 7/16/2015 10:00am-11:00am EDT
- Tuesday 7/21/2015 2:00pm-3:00pm EDT
- None of these dates and times work for me (If selected, go to Question 4)

4. Please select some days and times that generally work for you for a one-hour focus group (please respond in your time zone):

	Morning (8am to 12pm)	Afternoon (12pm to 5pm)	Evening (5pm to 8pm)	Please select your time zone (select one)	Notes
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> • Central • Chamorro • Eastern • Mountain • Pacific • Other (please specify): _____ 	
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

5. Please provide us with the best phone number to reach you to confirm the focus group time:

Thank you for providing the information for your grantees and selecting a focus group time. TBD from Community Science will contact you shortly to confirm your focus group date and time, and to provide instructions for how to join the conference call.