

# YES Initiative QPR

[Grantee Name]

[Period of Performance]

## Welcome to the YES Initiative Quarterly Progress Report!

This is the Quarterly Progress Report (QPR) for your YES Initiative project funded by the Office of Minority Health (OMH) and Office on Women's Health (OWH). You are required to complete this QPR once per quarter for the duration of your funded program. Please answer all applicable questions to the best of your ability.

Your information will be saved each time you advance to the next page of the report by clicking "**Save & Continue**". Please use the purple "**Back**" button if you want to navigate to the previous page. You can exit the report at any time and return to the form later but must click "**Save & Exit**" in order to save any information that you have entered up to that point. You will also be able to return to prior sections to add more information at any time before the final submission. Please answer **every question** in this report. If the answer is zero or the question does not apply, please mark the corresponding option or write "N/A" in the text box.

You will be provided with a set of Frequently Asked Questions; please review these instructions on completing your progress report to ensure that you are meeting the OMH and OWH reporting requirements.

You may contact [OWH-YES-Support@norc.org](mailto:OWH-YES-Support@norc.org) with any questions or technical difficulties. For questions regarding your project, please contact your respective project officer(s): [Tishy.Hall@hhs.gov](mailto:Tishy.Hall@hhs.gov), [Felix.Lorenzo@hhs.gov](mailto:Felix.Lorenzo@hhs.gov), [Alexia.Blyther@hhs.gov](mailto:Alexia.Blyther@hhs.gov), or [Dantrell.Simmons@hhs.gov](mailto:Dantrell.Simmons@hhs.gov).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 75 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Reporting Quarter	Period of Performance	Quarterly Progress Report Due
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Q1	October 1, 2019 – December 31, 2019	January 30, 2020
Q2	January 1, 2020 – March 31, 2020	April 30, 2020
Q3	April 1, 2020 – June 30, 2020	July 30, 2020
Q4	July 1, 2020 – September 30, 2020	October 30, 2020
Q5	October 1, 2020 – December 31, 2020	January 30, 2021
Q6	January 1, 2021 – March 31, 2021	April 30, 2021
Q7	April 1, 2021 – June 30, 2021	July 30, 2021
Q8	July 1, 2021 – September 30, 2021	October 30, 2021

The quarterly reporting schedule for the remainder of the grant period is as follows:

## Section 1: Grantee Information

**Grantee Name:**

This will be pre-populated after Q1

**Grantee Address:**

This will be pre-populated after Q1

**Project Title:**

This will be pre-populated after Q1

**Name of Program Director and Contact Information:**

This will be pre-populated after Q1

**Name and Contact Information of Individual Preparing the Progress Report (if not the Program Director):**

### Description of Organization

Please provide a brief summary of your organization, including organization type (e.g., school district, nonprofit, hospital, park district, YMCA/YWCA, etc.), vision, mission, and a brief history of your experience with the target population.

This will be pre-populated after Q1

Maximum length: 5000 characters

## Section 2: Partnerships

Please report the full name of **all** formal partners that are participating in this grant.

Add Partner

*Grantees will answer the following questions in this section for each partner entered in the previous question. We note the end of this section in red.*

Partner Name

Partners that remain with the program will be pre-populated after Q1

Please select the partnership type.

- Institution of higher education
- Local school district
- Community group
- Faith-based group
- Sports/recreation organization
- Public health entity
- Community health center
- Tribal organization/tribal service organization
- Other, please specify [\_\_]

Which of the following forms of agreement do you have with this partner?

- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Letter of Commitment (LOC)
- Other, please specify [\_\_]
- None of the above

What is this partner's overall role and what resources are they expected to be bringing to the project?

Continuing partners associated information will be pre-populated after Q1

Maximum length: 1500 characters

What contributions did this partner make to the project during this quarter?

Maximum length: 1500 characters

\*\*\*\*\***End of section**\*\*\*\*\*

Please reflect critically on ALL of your partnerships that supported the project during this reporting period, including:

- How partners have been engaged during the current phase of the project; and
- Any challenges encountered/lessons learned in the development and management of the partnership.

*Please be clear which partner you are referring to when discussing specific partnerships.*

Maximum length: 3000 characters

## Section 3: Overview of Grantee Program

### I. Executive Summary

Please provide an executive summary of your project, including:

- the lead implementing organization
- a brief description of sports programming offered (e.g., frequency, duration, etc.)
- evidence-based practices or approaches employed
- nutritional education components .

This will be pre-populated after Q1

Maximum length: 5000 characters

### II. Geographic Area Served

Please describe the type of area(s) in which your participants are located. For example, is it urban, rural, suburban, or a combination of the three? What state(s) and city/town(s) does the program serve?

This will be pre-populated after Q1

Maximum length: 5000 characters

### III. Target Participant Population

Please describe the gender, age, race/ethnicity, and other known demographics of your target participant population. Check all that apply: [This will be pre-populated after Q1]

Race/Ethnicity:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> No racial/ethnic focus | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Hispanic Origin        | <input type="checkbox"/> Asian                         | <input type="checkbox"/> White                                  |
| <input type="checkbox"/> Not of Hispanic Origin | <input type="checkbox"/> Black/African American        | <input type="checkbox"/> Bi-/Multi-Racial                       |

Gender:

- No gender focus
- Men
- Women
- Transgender (*Assigned Male at Birth*)
- Transgender (*Assigned Female at Birth*)
- Non-binary

*Please use this space to provide other pertinent demographic details about your target population (e.g., age distribution, other ethnic communities not mentioned above, Tribal communities, other vulnerable populations).*

This will be pre-populated after Q1

Maximum length: 5000 characters

**IV. Project Goals**

Please describe the project's overall goals.

This will be pre-populated after Q1

Maximum length: 5000 characters

**V. Logic Model**

Please upload a copy of your Logic Model. If you have made **any changes or revisions** to your logic model this quarter, please upload the revised version. Please highlight any changes or revisions in the revised logic model.

Directions:

1. Click the grey and black file button.
2. Browse your computer for the file you want to upload.
3. Click "Open" to upload the file.
4. In the text box below the uploaded file name add a brief description of the file that you uploaded.

NOTE: Uploaded files will only be saved to your QPR after you click "Save & Continue" at the bottom of the page.



## VI. Institutional Review Board

Have you received approval from an Institutional Review Board (IRB) to implement your project?

- Yes
- No

If "Yes" is selected:

Please upload a copy of your IRB certification.

Directions:

5. Click the grey and black file button.
6. Browse your computer for the file you want to upload.
7. Click "Open" to upload the file.
8. In the text box below the uploaded file name add a brief description of the file that you uploaded.

NOTE: Uploaded files will only be saved to your QPR after you click "Save & Continue" at the bottom of the page.



If "No" is selected:

Please describe your process for submitting your project design to an IRB and when you expect to receive approval. If you are not submitting your project design to an IRB, please explain why not.

Maximum length: 3000 characters

## Section 4: Program Updates

### Section 4A: Program Changes

#### I. Changes to Program Plan

Please describe any changes you have made to the program plan.

*Please type "N/A" if no changes were made this quarter.*

Maximum length: 3000 characters

### **I. Changes to Program Staff**

Document any changes in the key personnel staff and/or staff roles for this quarter. If there were changes in program staff, please discuss the impact of these changes on program implementation. *Please type "N/A" if no changes were made this quarter.*

Maximum length: 3000 characters

### **Section 4B: Sports and Nutrition Programming**

#### **I. Sports Programming**

What sports do you offer to your program participants? Select all that apply: [This will be pre-populated after Q1]

- Acorn camp (tribal cultural camp)
- Baseball/Softball
- Basketball
- Boxing
- Canoeing
- Cheer
- Cross country
- CrossFit
- Cycling/Biking
- Dance
- Dodgeball
- Football/Flag Football
- Foot golf
- Golf
- Gymnastics
- Hiking
- Horseback riding
- Indoor cycling
- Inline skating
- Intercross
- Jump rope
- Kayaking
- Kickball
- Lacrosse
- Martial Arts
- Mountain biking

- PE (that emphasizes specific skills)
- Pickleball
- Ping pong
- Rock climbing
- Rowing
- Skateboarding
- Soccer
- Stick game (tribal cultural activity)
- Swimming
- Tennis
- Track and Field
- Ultimate Frisbee
- Volleyball
- Walking/running
- Warrior camp (tribal cultural activity)
- Wrestling
- Yoga
- Zumba
- Other, please specify [\_\_]

Please describe the sports programming that you implemented **this quarter**. If applicable, include how it provided:

- An opportunity to sample different types of sports
- Equal opportunities to participate (i.e., no “try-outs”)
- Practice play exercises that are designed to match age, ability, development needs, and fitness level of the participating youth
- 60 minutes of physical activity per day

Maximum length: 5000 characters

Please describe any strategies that facilitated the implementation of the sports programming this quarter:

Maximum length: 5000 characters

Please describe any challenges or lessons learned you experiences in implementing the sports programming this quarter:

Maximum length: 5000 characters

## II. Nutrition Education



Please describe the nutrition programming that you provided this quarter to improve healthy eating habits.

Maximum length: 5000 characters

How many nutrition sessions, including education, hands-on experiences, healthy cooking demonstrations, or others did you conduct this quarter?

Numeric Entry Only

\*How many total youth attended all nutrition sessions this quarter?

Numeric Entry Only

Please describe any strategies that facilitated the implementation of the nutrition education this quarter:

Maximum length: 5000 characters

Please describe any challenges or lessons learned you experienced in implementing the nutrition education this quarter:

Maximum length: 5000 characters

#### **Section 4C: Recruitment and Retention**

##### **I. Participant Recruitment**

Please describe efforts made this quarter to **recruit** participants to your program through outreach efforts, including promoting the program through media and providing participant incentives. Please also describe any challenges or lessons learned.

Maximum length: 3000 characters

##### **II. Participant Retention**

Please describe efforts made this quarter to **retain** participants in your program, including challenges or lessons learned. In addition, please note particular challenges with retaining participants for a minimum of six months in the program, if any.

Maximum length: 3000 characters

**Section 4D: Personnel/Safety**

**I. Staff Certifications**

Please enter the titles of personnel and safety training/certification programs that your staff completed this quarter (e.g., SHAPE America’s National Standards for Sport Coaching, CDC HEADS UP to Youth Sports concussion training course, etc.)

**Add Training Title**

*Grantees will answer the following questions in this section for each partner entered in the previous question. We note the end of this section in red.*

Training Title

Ongoing/repeated training title will be pre-populated after Q1

Description of Training

Ongoing/repeated training description will be pre-populated after Q1

Maximum length: 3000 characters

Did your organization host the training?

- Yes
- No

If yes, please list the date(s) on which the training was held.

How many unique individuals attended the training this quarter?

Numeric Entry Only

How many staff completed the training this quarter? “Completed training” means that the individual met all necessary requirements of the training or receive certification.

Numeric Entry Only

Please describe any strategies that facilitated the implementation of the training:

Maximum length: 3000 characters

Please describe any challenges or lessons learned you experienced in implementing the training:

Maximum length: 3000 characters

\*\*\*\*\*End of section\*\*\*\*\*

## II. Safety Policies

Do you have a policy for ensuring all personnel interacting with youth are screened in advance of interacting with youth participants?

- Yes
- No

**If Yes:** Please describe what the policy is and what you are doing to ensure that this policy is being monitored.

Maximum length: 3000 characters

**If No:** Please describe your updates on policy development this quarter and when you expect to implement this policy.

Maximum length: 3000 characters

How many staff have you recruited this quarter?

Numeric Entry Only

How many staff are currently undergoing background checks?

Numeric Entry Only

How many background checks have been completed this quarter?

Numeric Entry Only

If desired, please provide clarifying details on the numbers reported in this measure here:

Maximum length: 3000 characters

Do you have a policy for ensuring that all personnel comply with state statutes of mandatory reporting of suspected child maltreatment?

- Yes
- No

**If Yes:** Please describe what the policy is and what you are doing to ensure that this policy is being monitored.

This will be pre-populated after the grantee provides a "Yes" response and description.

Maximum length: 3000 characters

**If No:** Please describe your updates on policy development this quarter and when you expect to implement this policy.

Maximum length: 3000 characters

#### **Section 4E. Other**

How many of your program events received media coverage this quarter? In none, report "0". Include stories in newspapers, magazines, TV, radio, Internet, widely distributed newsletters, and through Satellite or Radio media tours.

Numeric Entry Only

How many regional or national events did your program host or co-host this quarter?

Numeric Entry Only

## **Section 5: Expected and Actual Program Level Outcomes**

A "measurable outcome" is an observable end-result that describes how a particular intervention benefits program participants. It demonstrates the "impact" of the intervention.

For each of the following categories, report your project's expected measureable outcomes.

### **Part 1: Expected Outcomes**

#### **5A. Participation in sports programming**

*For example: Increase participation in sports programming among girls grades 6-8<sup>th</sup> grade from 25% of participants to 40% of participants (post-intervention)*

This will be pre-populated after Q1

#### **5B. Number of days per week youth met daily physical activity requirement**

*For example: Increased physical activity from 15% of youth reporting at least 60 minutes the day prior to 35% reporting at least 60 minutes the day prior.*

This will be pre-populated after Q1

### 5C. Physical literacy

*For example: Increase the mean score on the Physical Literacy Assessment for Youth (PLAY) scale by 25% over baseline.*

This will be pre-populated after Q1

### 5D. Consumption of whole fresh fruits

*For example: Increase consumption of whole fresh fruits from 15% of youth reporting consumption the day prior to 35% reporting consumption the day prior.*

This will be pre-populated after Q1

### 5E. Consumption of dark green, orange, and red vegetables

*For example: Increase consumption of dark green, orange, and red vegetables from 10% of youth reporting consumption the day prior to 25% reporting consumption the day prior.*

This will be pre-populated after Q1

### 5F. Consumption of sugar sweetened beverages

*For example: Decrease consumption of sugar sweetened beverages from 70% of youth reporting consumption the day prior to 45% reporting consumption the day prior.*

This will be pre-populated after Q1

## Part 2: Actual Outcomes: Quarterly Level

Please note the following when reporting Outcome Measures:

- Please only include quantitative data related to grant-funded activities.
- Related non-funded activities and accomplishments may be reported in other qualitative fields of this report.

### I. Unique Participants Enrolled and Exited in the Intervention Cohort

Unique (de-duplicated) numbers/counts refers to the number of actual individuals reached through the program and removes any double-counting if an individual attended multiple programming activities. For example, if one individual attended two different sports programming events this quarter, please count them only once in the unique count.

TOTAL number of unique youth who participated in the program at any point during **this quarter**:

Numeric Entry Only

Unique number of youth actively participating in the program **this quarter**

Same as YES Data Collection Form – Program Level Data, “Unique (de-duplicated) number of youth actively participating in program (quarter)”

Numeric Entry Only

Unique number of youth exiting the program **this quarter**

Same as YES Data Collection Form – Program Level Data, “Number of youth exiting the program (quarterly)”

Numeric Entry Only

Out of the total number of exiting youth reported exiting above, please provide a breakdown of the number of youth that exited for each reason provided below.

Number of youth exiting the program **this quarter** due to program completion. Program completion is defined as the end of a pre-determined session, such as a semester, school year, or sports season.

Numeric Entry Only

Number of youth exiting the program **this quarter** due to moving from the community or changing schools:

Numeric Entry Only

Number of youth exiting the program **this quarter** due to other reasons:

Numeric Entry Only

Please describe what the other reasons were:

If desired, please provide clarifying details on the numbers reported in this measure here:

Maximum length: 3000 characters

## II. Sessions Available and Attended by the Intervention Cohort

A “session” refers to an occurrence when the intervention cohort met to conduct sports programming activities, including all practice, games, conditioning sessions. If there are multiple types of sports

programming offered depending on age, sport, etc., per day, count each one of those sessions once. Number of sessions made available to youth **this quarter**:

Numeric Entry Only

If desired, please provide clarifying details on the numbers reported in this measure here:

Maximum length: 3000 characters

### Part 3: Document Upload

#### Document Upload: Data Collection Form OMB Control No. 0936-0209


Please complete separately the Excel template associated your quarterly progress report "YES Data Collection Form 0936-0209\_[QuarterX].xlsx."

The completed Data Entry Template is required.

Directions:

1. Click the grey and black file button.
2. Browse your computer for the file you want to upload.
3. Click "Open" to upload the file. Only Excel files will be accepted.
4. In the text box below the uploaded file name add a brief description of the file that you uploaded. Please include the grantee name, quarter, and year.

NOTE: Uploaded files will only be saved to your QPR after you click "Save & Continue" at the bottom of the page.



Please provide any additional information about the data entry template in the text box below, include challenges or lessons learned this quarter with the data collection process. *If you have no additional information to report, please type "None."*

Maximum length: 3000 characters

## Section 6: Systems Level Outcomes

### I. Systems Level Outcomes

In what ways are you expanding access to sports programming for racial and ethnic minorities or socio-economically disadvantaged youth? Please include a description of any culturally or linguistically appropriate services that you are implementing.

Maximum length: 3000 characters

In what ways are you expanding access to sports programming to girls? Please include a description of gender-sensitive approaches or programming that you are implementing.

Maximum length: 3000 characters

In what ways is your sports programming designed to reduce disparities in participation levels within geographic regions?

Maximum length: 3000 characters

In what ways does your program reduce or remove barriers (e.g., financial, transportation) that would prevent youth from socioeconomically disadvantaged communities from participating in sports programming?

Maximum length: 3000 characters

## Section 7: Presentations, Publications and Products

### I. Presentations

Please list all professional presentations about the funded project made during the current quarter, including:

- Presentation citation
- Conference/meeting level (international, national, state, regional, or community/local)
- Status this quarter (submitted, accepted/rejected, or delivered)
  - **If Delivered:** Date presented

*Please do not count partner meetings or trainings in the box below.*



Maximum length: 3000 characters

\* Across all presentations delivered this quarter, approximately how many total attendees were in the audience or viewed the material?

Numeric Entry Only

## **II. Publications**

How many peer reviewed texts were published this quarter?

Numeric Entry Only

Please list all peer-reviewed publications that were submitted, in revision, accepted/published, or rejected during the current quarter, including:

- Publication citation
- Date published or to be published
- Status this quarter (submitted, accepted/rejected, published)

Maximum length: 3000 characters

## **III. Products**

How many **new**, targeted educational materials and campaigns were completed this quarter? *Include new webinars; newsletters; media campaigns; print materials, including posters/billboards; and web materials.*

Numeric Entry Only

*Grantees will answer the following questions in this section for each educational material or campaign entered in the previous question. We note the end of this section in red.*

For each new targeted educational material or campaign, please describe:

I. Title

II. Target audience

III. Purpose

\*\*\*\*\*End of section\*\*\*\*\*

## Section 8: Evaluation and Dissemination

### I. Program Evaluation

Please describe the following components of your program evaluation study design.

Intervention study design. Please indicate if your study is true experimental, quasi-experimental, non-experimental.

This will be pre-populated after Q1

Maximum length: 3000 characters

Description of **intervention group**. Please include target enrollment number.

This will be pre-populated after Q1

Maximum length: 3000 characters

Description of **comparison group**. Please include target enrollment number.

This will be pre-populated after Q1

Maximum length: 3000 characters

Final sample (number of participants) needed for sufficient statistical power.

This will be pre-populated after Q1

Maximum length: 3000 characters

Description of assignment strategy for the intervention and comparison groups.

This will be pre-populated after Q1

Maximum length: 3000 characters

Please describe your evaluation analysis plan.

This will be pre-populated after Q1

Maximum length: 3000 characters

Have you made any significant changes to your evaluation plan **this quarter**? If so, please describe these changes.

Maximum length: 3000 characters

How many research, demonstration, or evaluation studies were completed and had findings disseminated this quarter?

Numeric Entry Only

How many promising practices were identified this quarter?

Numeric Entry Only

## **II. Dissemination**

Please provide a brief description of any media dissemination activities this quarter. Please also share any lessons learned or challenges encountered. You will be prompted to provide additional quantitative information about media dissemination in the next section.

Maximum length: 3000 characters

Did your project disseminate information using any of the following media channels?

- News media (e.g., newspaper, radio, local TV, etc.)
- Website and social media (e.g., project website, Facebook, Twitter, etc.)
- Other
- None

If “News media” is selected:

*For the following questions, please report on all news media usage **related to the funded project**. Please enter “0” if there is no relevant data to report.*

How many **online or print news** stories (e.g., articles, opinion pieces, letters to the editor, editorials, etc.) were published this quarter?

Numeric Entry Only

How many appearances were made on **television** this quarter (e.g., television advertisement, interview, etc.)?

Numeric Entry Only

How many appearances were made on **radio** this quarter (e.g., radio spot, interview, etc.)?

Numeric Entry Only

If another form of news media was used for this project, please briefly describe below.  
Please include how it was measured and any available data.

Maximum length: 3000 characters

Approximately how many people were reached this quarter by these media efforts?

Numeric Entry Only

If "Website and social media" is selected:

*For the following questions, please report on all website and social media usage **related to the funded project**. Please enter "0" if there is no relevant data to report.*

### Website

How many total views did your project website(s) receive this quarter? *If you do not have a dedicated project website, please enter "0"*

Numeric Entry Only

How many users accessed your project website(s) this quarter? *If you do not have a dedicated project website, please enter "0"*

Numeric Entry Only

### Social Media

#### Facebook

How many Facebook page "Likes" were **gained** this quarter?

Numeric Entry Only

How many Facebook posts were made this quarter?

Numeric Entry Only

What was your total "Reach" across all Facebook posts made this quarter?

*Instructions: As a Page administrator, go to the "Insights" page listed in the top toolbar. Then, select "Posts" in the menu on the left side of the page. Add the total "Reach" for all posts that were made during this quarter.*

Numeric Entry Only

How many total “Likes” of Facebook posts were there this quarter?

*Please add together the total number of likes for each of the posts that were made this quarter. Only include the posts that were published during this quarter’s performance period.*

Numeric Entry Only

### Twitter

How many Twitter followers were **gained** this quarter?

Numeric Entry Only

How many tweets were posted this quarter?

Numeric Entry Only

How many total impressions were there across all tweets posted this quarter?

*Instructions: Click on the small bar graph symbol on the bottom right corner of the tweet to view Tweet Activity analytics. Record the “Impressions” count. Impressions are the “times people saw the tweet on Twitter.” Only include the tweets that were published during this quarter’s performance period.*

Numeric Entry Only

How many retweets and “Likes” were there across all tweets posted this quarter?

*Please add together the total number of retweets and likes for each of the tweets that were posted this quarter. Only include the tweets that were published during this quarter’s performance period.*

Total Retweets:

Numeric Entry Only

Total Likes:

Numeric Entry Only

### Instagram

How many Instagram followers were **gained** this quarter?

Numeric Entry Only

How many Instagram posts were made this quarter?

Numeric Entry Only

How many total “Likes” of Instagram posts were there this quarter?  
*Please add together the total number of likes for each of the posts that were made this quarter. Only count the posts that were published during this quarter’s performance period.*

Numeric Entry Only

If another form of social media was used for this project, please briefly describe below.  
Please include how it was measured and any available data.

Maximum length: 3000 characters

How many total users were gained this quarter by the additional forms of social media (combined)?

Numeric Entry Only

If “Other” is selected:

If another form of media was used for this project, please briefly describe below.  
Please include format, how it was measured, and any available data.

Maximum length: 3000 characters

How many total people were reached this quarter by these media efforts?

Numeric Entry Only

## Section 9: Successes and Lessons Learned

### I. Successes

Please provide information about any additional notable achievements (successes) you have made in the past quarter, if it is not already mentioned previously.

Maximum Length: 3000 characters

### II. Lessons Learned

Please provide information about any challenges you encountered and/or lessons learned in the past quarter, if it is not already mentioned previously.

Maximum Length: 3000 characters

## Section 10: Technical Assistance

Please report each key challenge and/or technical assistance need facing your project.

Add Challenge/Need

*Grantees will answer the following question in this section for each challenge/need entered in the previous question. We note the end of this section in red.*

Please describe any action taken to resolve this challenge (e.g., outreach to your FPO, attempted collaboration with partners, etc.).

Maximum Length: 1500 characters

\*\*\*\*\*End of section\*\*\*\*\*

## Section 11: Sustainability

### I. Plans for Sustainability

**Sustainability efforts** relate to how grantees continue the program or aspects of the program; maintain resources, capacity, and partnerships created under the program; and contribute knowledge to the field that will inform future efforts. In total, these efforts contribute to the sustainability *of the impacts* of these programs.

Examples of sustainability efforts include:

1. **seeking additional funding** such as public or private funding opportunities or foundation support to continue program activities
2. **disseminating findings** and spreading awareness about the program through various mediums and venues
3. **replicating or scaling up the whole program or specific program activities** such as piloting and evaluating the project in other settings, working with other organizations to implement the program, or implementing it across new sites after the grant period
4. **continuing implementation of organization-level changes** that occurred as part of the program, such as using data collection tools, sustaining access to resources, leadership engagement around sports programming and nutrition education, and policy development
5. **continuing partnerships or relationships with stakeholders**
6. **continuing delivery of culturally-sensitive and/or gender-sensitive approaches to services**

7. **dissemination of new models** of serving and partnering with communities with limited access to sports programming; as well as dissemination of best practices that others can utilize after the grant period ends.

Please describe efforts/plans to sustain **program activities/components** after the grant program ends.

Maximum Length: 1500 characters

Please describe efforts/plans to sustain **partnerships or engagement with other organizations** after the

Maximum Length: 1500 characters

Please describe efforts/plans to sustain **organization-level changes** after the grant program ends (e.g., new positions that will be continued, new policies that will continue to be followed, lasting leadership buy-in, etc.).

Maximum Length: 1500 characters

Please describe efforts/plans to sustain the following components across the program after the grant program ends: 1) a **gender-sensitive approach** and 2) **culturally and linguistically appropriate services, education, or care.**

Maximum Length: 1500 characters

**\*If the fields above do not apply** to the program at this time, please describe what challenges the program encountered to forming sustainability plans and/or what support or information would have been helpful for facilitating sustainability.

Maximum Length: 1500 characters

**END OF QUARTERLY PROGRESS REPORT**