**Attachment 3 - Instrument: Annual Progress Report Tool**

**Form Approved**

**OMB No.: 0920-xxxx**

**Expiration Date: XX/XX/XXXX**

Public Reporting burden of this collection of information varies from 10 to 15 hours with an estimated average of 13hours 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-XXXX).

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*Items in green will be prepopulated based on planning documents received from recipients. All narrative questions will have a word limit.*

**Grantee: Reporting Period: Contact Person:**

**Work Plan Section**

**Section A: Progress on Goals**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NOFO Project Period Goal 1:** Increase the prioritization, resources, and capacity to implement community and societal level IPV prevention programs and policy efforts (REQUIRED) | | | | | | | |
| **Objective 1:** Develop and implement the State Action Plan (SAP) (REQUIRED) | | | | | **Status of Objective**   * Completed * In Progress * Planned * Discontinued * New | | |
| **Key Milestones (Can add additional)** | | **Target Date** | | **Status of Milestone** | | **Notes** | |
|  | |  | | * Completed * In Progress * Planned * Discontinued * New | |  | |
|  | |  | | * Completed * In Progress * Planned * Discontinued * New | |  | |
| *More detail about this objective will be requested in other areas of the APR* | | | | | | | |
| **Objective 2:** Increase coordination of IPV work at the state and local level (REQUIRED) | | | | | **Status of Objective**   * Completed * In Progress * Planned * Discontinued * New | | |
| **Key Milestones (Can add additional)** | | **Target Date** | | **Status of Milestone** | | **Notes** | |
|  | |  | | * Completed * In Progress * Planned * Discontinued * New | |  | |
|  | |  | | * Completed * In Progress * Planned * Discontinued * New | |  | |
| *More detail about this objective will be requested in other areas of the APR* | | | | | | | |
| **Objective 3:** Increase the use of IPV prevention approaches that address the community and societal level of the SEM (REQUIRED) | | | | | **Status of Objective**   * Completed * In Progress * Planned * Discontinued * New | | |
| **Key Milestones (Can add additional)** | | **Target Date** | | **Status of Milestone** | | **Notes** | |
|  | |  | | * Completed * In Progress * Planned * Discontinued * New | |  | |
|  | |  | | * Completed * In Progress * Planned * Discontinued * New | |  | |
| *More detail about this objective will be requested in other areas of the APR* | | | | | | | |
| Please list all capacity building and training activities related to community and societal level primary prevention that you provided within the state over the past year | | | | | | | |
| Type of Activity | Topic | | Audience | | | | Dates |
|  |  | |  | | | |  |
| Please list any networking and dissemination activities that you participated in related to community and societal level primary prevention OUTSIDE the state. | | | | | | | |
| Type of Activity | Topic | | SDVC Role in Activity | | | | Dates |
|  |  | |  | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NOFO Project Period Goal 2 :** Increase data on the impact of community and societal level IPV primary prevention programs and policy efforts (REQUIRED) | | | | |
| **Objective 1:** Increase the use of data for planning including monitoring of state-level outcome indicators(REQUIRED) | | | **Status of Objective**   * Completed * In Progress * Planned * Discontinued * New | |
| **Key Milestones (Can add Additional)** | **Target Date** | **Status of Milestone** | | **Notes** |
|  |  | * Completed * In Progress * Planned * Discontinued * New | |  |
|  |  | * Completed * In Progress * Planned * Discontinued * New | |  |
| *More detail about this objective will be requested in other areas of the APR* | | | | |
| **Objective 2:** Increase the evaluation of community and societal level IPV prevention programs and policy efforts within funded states (REQUIRED) | | | **Status of Objective**   * Completed * In Progress * Planned * Discontinued * New | |
| **Key Milestones (Can add additional)** | **Target Date** | **Status of Milestone** | | **Notes** |
|  |  | * Completed * In Progress * Planned * Discontinued * New | |  |
|  |  | * Completed * In Progress * Planned * Discontinued * New | |  |
| *More detail about this objective will be requested in other areas of the APR* | | | | |
| **Objective 3:** Monitor changes in risk and protective factors associated with the NOFO activities being implemented (REQUIRED). | | | **Status of Objective**   * Completed * In Progress * Planned * Discontinued * New | |
| **Key Milestones (Can add additional)** | **Target Date** | **Status of Milestone** | | **Notes** |
|  |  | * Completed * In Progress * Planned * Discontinued * New | |  |
|  |  | * Completed * In Progress * Planned * Discontinued * New | |  |
| *More detail about this objective will be requested in other areas of the APR* | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NOFO Project Period Goal 3 (Optional – Can add additional):** | | | | | | | |
| **Objective 1:** | | | | **Status of Objective**   * Completed * In Progress * Planned * Discontinued * New | | | |
| **Key Milestones (Can add additional)** | **Target Date** | | **Status of Milestone** | | | **Notes** | |
|  |  | | * Completed * In Progress * Planned * Discontinued * New | | |  | |
|  |  | | * Completed * In Progress * Planned * Discontinued * New | | |  | |
|  | | | | | | | |
| **Objective 2:** | | | | **Status of Objective**   * Completed * In Progress * Planned * Discontinued * New | | | **Estimated Completion Date** |
| **Key Milestones (Can add additional)** | **Target Date** | | **Status of Milestone** | | | **Notes** | |
|  |  | | * Completed * In Progress * Planned * Discontinued * New | | |  | |
|  |  | | * Completed * In Progress * Planned * Discontinued * New | | |  | |
|  | | | | | | | |
| **Objective 3:** | | | | **Status of Objective**   * Completed * In Progress * Planned * Discontinued * New | | | |
| **Key Milestones (Can add additional)** | **Target Date** | | **Status of Milestone** | | | **Notes** | |
|  |  | | * Completed * In Progress * Planned * Discontinued * New | | |  | |
|  |  | | * Completed * In Progress * Planned * Discontinued * New | | |  | |
| Briefly describe the overall successes and accomplishments you made toward this goal during the past year. Provide information about what helped you achieve these accomplishments. | | | | | | | |
| **Key Activities for Upcoming Year Related to Goal 3** | | **Target Date** | | | **Notes** | | |
|  | |  | | |  | | |
|  | |  | | |  | | |
|  | |  | | |  | | |

**Section B: Continuation Application Narrative for Year #: <<insert dates for next funding year>**

|  |
| --- |
| **Summary of Work Plan for Next Budget Year:** Summarize and reference any key changes to work plan (objectives, and milestones). Provide information about the reasons for or what led to those changes. |
| **Implementation of New or Revised Program or Policy Efforts:** Explain requests to change the current program or policy efforts being implemented. The CDC Project Officer must approve any changes to the program or policy efforts approved upon award. |
| **Budget:** Provide comments to budgetary issues that might impede the success or completion of the project as originally proposed and approved. Describe any implications the changes to the work plan may have on the budget. |
| **Challenges:** What general challenges/problems do you anticipate in the next funding year? What do you plan to use to solve or address those challenges or problems? |
| **Resources:** What additional resources do you need? How do you plan to obtain these resources? |
| **Technical Assistance:** Do you need technical assistance from CDC? If yes, provide a description of your needs. |

**Strategic Planning Section**

**Section A. Progress and Planning for State Action Plan Goals**

|  |  |  |  |
| --- | --- | --- | --- |
| SAP Goal # 1 | Topic | Key Partners | Key Accomplishments |
|  | * Prioritization/Use * Access to Data * Use of Data * Other |  |  |
| Key Activities Planned for Upcoming Year | | Resources Needed | | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |

|  |  |  |  |
| --- | --- | --- | --- |
| SAP Goal # 2 | Topic | Key Partners | Key Accomplishments |
|  | * Prioritization/Use * Access to Data * Use of Data * Other |  |  |
| Key Activities Planned for Upcoming Year | | Resources Needed | | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |

|  |  |  |  |
| --- | --- | --- | --- |
| SAP Goal # 3 | Topic | Key Partners | Key Accomplishments |
|  | * Prioritization/Use * Access to Data * Use of Data * Other |  |  |
| Key Activities Planned for Upcoming Year | | Resources Needed | | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |

|  |  |  |  |
| --- | --- | --- | --- |
| SAP Goal # 4 | Topic | Key Partners | Key Accomplishments |
|  | * Prioritization/Use * Access to Data * Use of Data * Other |  |  |
| Key Activities Planned for Upcoming Year | | Resources Needed | | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |

**Section B. Changes related to Prioritization, Resources and Capacity**

Did you engage any **new partners or stakeholders** related to the work on the state plan in the past year?

|  |  |  |
| --- | --- | --- |
| Partner | Sector | Role |
|  |  |  |
|  |  |  |

Were any **new policies or procedures** implemented in the past year related to increasing the use of community and societal level primary prevention (CSPP)?

|  |  |  |
| --- | --- | --- |
| Policy/Procedure | Partner(s) | Description |
|  |  |  |
|  |  |  |

Were any **new resources obtained or redirected** for CSPP in the past year?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Resource Name | Source | Amount Available | Use | Timeline |
|  |  |  |  |  |
|  |  |  |  |  |

Please list any **new** **CSPP** **programs or policy efforts implemented** in the past year

|  |  |  |  |
| --- | --- | --- | --- |
| Program/Policy Effort | Implementing Organization | Scope/Audience | Description |
|  |  |  |  |
|  |  |  |  |

Please list any **new CSPP** **programs or policy efforts evaluated** in the past year

|  |  |  |  |
| --- | --- | --- | --- |
| Program/Policy Effort | Implementing Organization | Evaluating Organization/Entity | Description/Summary |
|  |  |  |  |
|  |  |  |  |

Did you gain access to any **new state or local data sources** in the past year?

|  |  |  |  |
| --- | --- | --- | --- |
| Dataset | “Owner” | Description (including level) | Potential Use |
|  |  |  |  |
|  |  |  |  |

Did you implement any **new uses of state or local data sources** in the past year?

|  |  |  |  |
| --- | --- | --- | --- |
| Dataset | “Owner” | Description (including level) | Use |
|  |  |  |  |
|  |  |  |  |

**Meetings of Leadership Team or State Action Planning Committees**

|  |  |  |  |
| --- | --- | --- | --- |
| Group | Participating Organizations | Date(s) | Topics Discussed |
|  |  |  |  |
|  |  |  |  |

**Section C. Facilitators and Barriers related to the State Action Plan (Can add additional)**

|  | **Facilitator or Barrier** | | | **Action Planning** | | | **Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Goal #** | **Facilitator or Barrier?** | **Potential or Actual** | **Facilitator or Barrier Description** | **Needed Resources** | **Action Steps** | **Responsible Party** |
|  | Facilitator  Barrier | Potential  Actual | Insert Text | Insert Text | Insert Text | Insert Text | Insert Text |

**NOFO Evaluation Section**

**Section A. Progress on Evaluation Questions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Evaluation Question** | **Progress Made/Data Collected** | **Planned Activities for Next Year** | **Summary of Interim Findings (if available) – *Include attachments when appropriate*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section B. Changes to Evaluation Plan (Can add additional)**

|  |  |  |
| --- | --- | --- |
| **Please describe any key changes have you made to this evaluation plan in the past year including the reason for making the changes.** | | |
| **Type of Change** | **Reason for Change** | **Notes** |
| * Change in Outcome * Change in Data Collection Measure * Change in Methodology * Change in Population * Change in Data Analysis * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Section C. Outcomes Table (Can add additional)**

| **Type** | **Description** | **SEM Level** | **Population of Interest Description** | **Indicator Description** | **Year 5 Target** | **Unit** | **Value** | **Progress Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Select one (1)  Risk Factor  Protective Factor  Violence Outcome  Other | Insert Text | Select one (1)  Individual  Relationship  Community  Societal | Insert Text | Insert Text  *Provide indicator and data source, method, and frequency of collection or availability* | Insert Numeric Value | Select one (1)  Number  Percent  Proportion  Other, specify  Unit Description: | Insert Numeric Value | Insert Text |

**Section D. Facilitators and Barriers (Can add additional)**

| **Facilitator or Barrier** | | | **Action Planning** | | | **Impact in Reporting Period** |
| --- | --- | --- | --- | --- | --- | --- |
| **Facilitator or Barrier?** | **Potential or Actual Factor** | **Facilitator or Barrier Description** | **Needed Resources** | **Action Steps** | **Responsible Party** |
| Select one (1)  Facilitator  Barrier | Select one (1)  Potential  Actual (e.g., encountered) | Insert Text | Insert Text | Insert Text | Insert Text | Insert Text |

**Program or Policy Effort Section**

**(1 per program/policy being implemented)**

**Program or Policy Effort Name: Implementing Organization:**

**Section A. Progress on Implementation Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Milestone (Can add additional)** | **Target Date** | **Status** | **Key Accomplishments** | **Key Activities in Upcoming Year** | **Resources Needed** |
| 1. |  | * Completed * In Progress * Planned * Discontinued |  |  |  |
| 2. |  | * Completed * In Progress * Planned * Discontinued |  |  |  |
| 3. |  | * Completed * In Progress * Planned * Discontinued |  |  |  |

**Section B. Reach**

| **Type of Setting** | **Description of Setting** | **Year 5 Target for Settings** | **Number of Settings Reached** | **Progress Notes** |
| --- | --- | --- | --- | --- |
| Select one (1)  Communities  Schools  Organizations |  | Insert Numeric Value | Insert Numeric Value | Insert Text |

| **Population of Interest Description** | **Year 5 Target for Individuals (across settings)** | **# new individuals reached this reporting period (across settings)** | **# total individuals reached since start of NOFO** | **Progress Notes** |
| --- | --- | --- | --- | --- |
| Insert Text | Insert Numeric Value | Insert Numeric Value | Insert Numeric Value | Insert Text |

**Section C. Change to Implementation Plan (Can add additional)**

|  |  |  |
| --- | --- | --- |
| **Please describe any key changes have you made to this implementation plan in the past year including the reason for making the changes.** | | |
| **Type of Change** | **Reason for Change** | **Notes** |
| * Change in target population * Change in timeline * Adaptation to program or policy effort (describe below) * Change in delivery method * Change in key activities * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Section D. Adaptations Made (Can add additional)**

| **Adaptations** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Adaptation Description** | **Planned or Field** | **What Led to the Adaptation?** | **Does adaptation impact essential elements?** | **(APR) Impact** | **(APR) Future Plans** |
| Insert Text | Select one (1)  Planned  Field | Insert Text | Insert Text | Insert Text  *What was the immediate influence or result(s) of the adaptation?* | Select one (1)  Keep   Change  Omit  Adapt across site |

**Section E. Progress on Evaluation Questions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Evaluation Question** | **Progress Made/Data Collected** | **Planned Activities for Next Year** | **Summary of Interim Findings (if available)** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

**Section F. Changes to Evaluation Plan (Can add additional)**

|  |  |  |
| --- | --- | --- |
| **Please describe any key changes you have made to this evaluation plan in the past year including the reason for making the changes.** | | |
| **Type of Change** | **Reason for Change** | **Notes** |
| * **Change in Outcome** * **Change in Data Collection Measure** * **Change in Methodology** * **Change in Population** * **Change in Data Analysis** * **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |

**Section G. Outcomes (Can add additional)**

| **Type** | **Description** | **SEM Level** | **Population of Interest Description** | **Indicator Description** | **Year 5 Target** | **Unit** | Value | Progress Notes |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Select one (1)  Risk Factor  Protective Factor  Violence Outcome  Other | Insert Text | Select one (1)  Individual  Relationship  Community  Societal | Insert Text | Insert Text  *Provide indicator and data source, method, and frequency of collection or availability* | Insert Numeric Value | Select one (1)  Number  Percent  Proportion  Other, specify  Unit Description: | Insert Numeric Value | Insert Text |

**Section H. Facilitators and Barriers (Can add additional)**

|  | **Facilitator or Barrier** | | | **Action Planning** | | | **Impact of Facilitator or Barrier** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Facilitator or Barrier?** | **Potential or Actual Factor** | **Facilitator or Barrier Description** | **Needed Resources** | **Action Steps** | **Responsible Party** |
| Select one (1)  Implementation  Evaluation | Select one (1)  Facilitator  Barrier | Select one (1)  Potential  Actual (e.g., encountered) | Insert Text | Insert Text | Insert Text | Insert Text | Insert Text |