

Attachment 3 - Instrument: Annual Progress Report Tool

Form Approved
OMB No.: 0920-xxxx
Expiration Date: XX/XX/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 <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
Key Milestones (Can add additional)	Target Date	Status of Milestone	Notes
		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
<i>More detail about this objective will be requested in other areas of the APR</i>			
Objective 2: Increase coordination of IPV work at the state and local level (REQUIRED)		Status of Objective <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
Key Milestones (Can add additional)	Target Date	Status of Milestone	Notes
		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned	

		<ul style="list-style-type: none"> ▫ Discontinued ▫ New 	
<i>More detail about this objective will be requested in other areas of the APR</i>			
Objective 3: Increase the use of IPV prevention approaches that address the community and societal level of the SEM (REQUIRED)		Status of Objective	
		<ul style="list-style-type: none"> ▫ Completed ▫ In Progress ▫ Planned ▫ Discontinued ▫ New 	
Key Milestones (Can add additional)	Target Date	Status of Milestone	Notes
		<ul style="list-style-type: none"> ▫ Completed ▫ In Progress ▫ Planned ▫ Discontinued ▫ New 	
		<ul style="list-style-type: none"> ▫ Completed ▫ In Progress ▫ Planned ▫ Discontinued ▫ New 	
<i>More detail about this objective will be requested in other areas of the APR</i>			
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	
		<ul style="list-style-type: none"> ▫ Completed ▫ In Progress ▫ Planned ▫ Discontinued ▫ New 	
Key Milestones (Can add Additional)	Target Date	Status of Milestone	Notes
		<ul style="list-style-type: none"> ▫ Completed ▫ In Progress ▫ Planned ▫ Discontinued ▫ New 	
		<ul style="list-style-type: none"> ▫ Completed ▫ In Progress ▫ Planned ▫ Discontinued ▫ New 	
<i>More detail about this objective will be requested in other areas of the APR</i>			
Objective 2: Increase the evaluation of community and societal level IPV prevention programs and policy efforts within funded states (REQUIRED)		Status of Objective	
		<ul style="list-style-type: none"> ▫ Completed ▫ In Progress ▫ Planned ▫ Discontinued ▫ New 	
Key Milestones (Can add additional)	Target Date	Status of Milestone	Notes

		<ul style="list-style-type: none"> ▫ Completed ▫ In Progress ▫ Planned ▫ Discontinued ▫ New 	
		<ul style="list-style-type: none"> ▫ Completed ▫ In Progress ▫ Planned ▫ Discontinued ▫ New 	
<i>More detail about this objective will be requested in other areas of the APR</i>			
Objective 3: Monitor changes in risk and protective factors associated with the NOFO activities being implemented (REQUIRED).		Status of Objective	
		<ul style="list-style-type: none"> ▫ Completed ▫ In Progress ▫ Planned ▫ Discontinued ▫ New 	
Key Milestones (Can add additional)	Target Date	Status of Milestone	Notes
		<ul style="list-style-type: none"> ▫ Completed ▫ In Progress ▫ Planned ▫ Discontinued ▫ New 	
		<ul style="list-style-type: none"> ▫ Completed ▫ In Progress ▫ Planned ▫ Discontinued ▫ New 	
<i>More detail about this objective will be requested in other areas of the APR</i>			

NOFO Project Period Goal 3 (Optional – Can add additional):			
Objective 1:		Status of Objective	
		<ul style="list-style-type: none"> ▫ Completed ▫ In Progress ▫ Planned ▫ Discontinued ▫ New 	
Key Milestones (Can add additional)	Target Date	Status of Milestone	Notes
		<ul style="list-style-type: none"> ▫ Completed ▫ In Progress ▫ Planned ▫ Discontinued ▫ New 	
		<ul style="list-style-type: none"> ▫ Completed ▫ In Progress ▫ Planned ▫ Discontinued ▫ New 	
Objective 2:		Status of Objective	Estimated Completion Date
		<ul style="list-style-type: none"> ▫ Completed ▫ In Progress ▫ Planned 	

		<input type="checkbox"/> Discontinued <input type="checkbox"/> New	
Key Milestones (Can add additional)	Target Date	Status of Milestone	Notes
		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
Objective 3:		Status of Objective	
		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
Key Milestones (Can add additional)	Target Date	Status of Milestone	Notes
		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> 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>

<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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?</p>

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
	<input type="checkbox"/> Prioritization/Use <input type="checkbox"/> Access to Data <input type="checkbox"/> Use of Data <input type="checkbox"/> Other		
Key Activities Planned for Upcoming Year		Resources Needed	
1.			
2.			
3.			
4.			

SAP Goal # 2	Topic	Key Partners	Key Accomplishments
	<input type="checkbox"/> Prioritization/Use <input type="checkbox"/> Access to Data <input type="checkbox"/> Use of Data <input type="checkbox"/> Other		
Key Activities Planned for Upcoming Year		Resources Needed	
1.			
2.			
3.			
4.			

SAP Goal # 3	Topic	Key Partners	Key Accomplishments
	<input type="checkbox"/> Prioritization/Use <input type="checkbox"/> Access to Data <input type="checkbox"/> Use of Data <input type="checkbox"/> Other		
Key Activities Planned for Upcoming Year		Resources Needed	
1.			
2.			
3.			
4.			

SAP Goal # 4	Topic	Key Partners	Key Accomplishments
	<input type="checkbox"/> Prioritization/Use <input type="checkbox"/> Access to Data <input type="checkbox"/> Use of Data <input type="checkbox"/> 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)

Goal #	Facilitator or Barrier?	Facilitator or Barrier		Action Planning			Notes
		Potential or Actual	Facilitator or Barrier Description	Needed Resources	Action Steps	Responsible Party	
	<input type="checkbox"/> Facilitator <input type="checkbox"/> Barrier	<input type="checkbox"/> Potential <input type="checkbox"/> 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) - <i>Include attachments when appropriate</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

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
<input type="checkbox"/> Change in Outcome <input type="checkbox"/> Change in Data Collection Measure <input type="checkbox"/> Change in Methodology <input type="checkbox"/> Change in Population <input type="checkbox"/> Change in Data Analysis <input type="checkbox"/> 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) <input type="checkbox"/> Risk Factor <input type="checkbox"/> Protective Factor <input type="checkbox"/> Violence Outcome <input type="checkbox"/> Other	Insert Text	Select one (1) <input type="checkbox"/> Individual <input type="checkbox"/> Relationship <input type="checkbox"/> Community <input type="checkbox"/> Societal	Insert Text	Insert Text <i>Provide indicator and data source, method, and frequency of collection or availability</i>	Insert Numeric Value	Select one (1) <input type="checkbox"/> Number <input type="checkbox"/> Percent <input type="checkbox"/> Proportion <input type="checkbox"/> Other, specify Unit Description:	Insert Numeric Value	Insert Text

Section D. Facilitators and Barriers (Can add additional)

Facilitator or Barrier?	Facilitator or Barrier		Action Planning			Impact in Reporting Period
	Potential or Actual Factor	Facilitator or Barrier Description	Needed Resources	Action Steps	Responsible Party	
Select one (1) <input type="checkbox"/> Facilitator <input type="checkbox"/> Barrier	Select one (1) <input type="checkbox"/> Potential <input type="checkbox"/> 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.		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued			
2.		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued			
3.		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued			

Section B. Reach

Type of Setting	Description of Setting	Year 5 Target for Settings	Number of Settings Reached	Progress Notes
Select one (1) <input type="checkbox"/> Communities <input type="checkbox"/> Schools <input type="checkbox"/> 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
<input type="checkbox"/> Change in target population <input type="checkbox"/> Change in timeline <input type="checkbox"/> Adaptation to program or policy effort (describe below) <input type="checkbox"/> Change in delivery method <input type="checkbox"/> Change in key activities <input type="checkbox"/> 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) <input type="checkbox"/> Planned <input type="checkbox"/> Field	Insert Text	Insert Text	Insert Text <i>What was the immediate influence or result(s) of the</i>	Select one (1) <input type="checkbox"/> Keep <input type="checkbox"/> Change <input type="checkbox"/> Omit <input type="checkbox"/> Adapt

Adaptations					
Adaptation Description	Planned or Field	What Led to the Adaptation?	Does adaptation impact essential elements?	(APR) Impact	(APR) Future Plans
				adaptation?	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
<ul style="list-style-type: none"> ▫ 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) <input type="checkbox"/> Risk Factor <input type="checkbox"/> Protective Factor <input type="checkbox"/> Violence Outcome <input type="checkbox"/> Other	Insert Text	Select one (1) <input type="checkbox"/> Individual <input type="checkbox"/> Relationship <input type="checkbox"/> Community <input type="checkbox"/> Societal	Insert Text	Insert Text <i>Provide indicator and data source, method, and frequency of collection or availability</i>	Insert Numeric Value	Select one (1) <input type="checkbox"/> Number <input type="checkbox"/> Percent <input type="checkbox"/> Proportion <input type="checkbox"/> Other, specify Unit Description:	Insert Numeric Value	Insert Text

Section H. Facilitators and Barriers (Can add additional)

Type	Facilitator or Barrier			Action Planning			Impact of Facilitator or Barrier
	Facilitator or Barrier?	Potential or Actual Factor	Facilitator or Barrier Description	Needed Resources	Action Steps	Responsible Party	
Select one (1) <input type="checkbox"/> Implementation <input type="checkbox"/> Evaluation	Select one (1) <input type="checkbox"/> Facilitator <input type="checkbox"/> Barrier	Select one (1) <input type="checkbox"/> Potential <input type="checkbox"/> Actual (e.g., encountered)	Insert Text	Insert Text	Insert Text	Insert Text	Insert Text