

Annual Reporting Data Elements for RPE

Form Approved

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Public reporting burden of this collection of information is estimated at 4 hours 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/Information Collection Review Office, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-xxxx).

To access the Annual Reporting for RPE, respondents will need to securely access the DVP Partners Portal via CDC’s Secure Access Management System (SAMS) authentication.

Background about DVP Partners Portal Structure

Forms are a grouping of sections related to a single subject area. One or more Sections make a Form. Sections are used to group questions related to a single topic.

- **Sections** should be small enough that all of the questions can be completed in one sittings: this is for reasons both functional and related to user experience. Questions are checked out and saved at the Section level. Checking out Sections keeps multiple users from editing the same Section, at the same time, and overwriting each other’s work.
 - **Panels** are used for visually grouping questions together by surrounding the set with a border. This allows for collapsing this set of questions. Panels may contain tables.
 - **Repeatable panels** include a button to generate a new copy of the same panel for the end-user to complete.
 - **Tables** provide a way to repeatedly ask the same questions. Questions in a Table Question Set are displayed with their Question Text in the table head and their responses as rows in the table. Tables provide functionality for viewing, adding, editing, and deleting rows, collapsing the table, as well as exporting their contents to PDF or CSV. When rows are added or edited, a page will pop up separately to display the questions for editing.

Questions can be grouped into a single on-screen element within a section (e.g., panel, table) or a page.

No data are pre-populated during Year 1 data collection or initial entry of a field. In Year 2, fields will be pre-populated from Year 1’s submission as indicated below (and so on and so forth). Certain fields will be locked for editing as indicated below.

Color	Pre-populated From Previous Year’s Submission	Editable or Locked	Required or Optional
Gray Shaded	Pre-populated	Locked	Required
Green Shaded	Pre-populated	Editable	Required
Blue Shaded	Not Pre-populated	Editable	Required
White/Not Shaded	Not Pre-populated	Editable	Optional
Red Text			Not required in Year 1

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Summary of Forms and Sections

The following table shows the panels per section per form:

Form	Section	Panel/Table
Work Plan	Goal	Objective
Barriers and Facilitators	Barriers Encountered	Barriers Encountered
	Facilitators Encountered	Facilitators Encountered
	Successes	Successes and Accomplishments
Training and Technical Assistance	Training and Technical Assistance Provided by CDC	Training and Technical Assistance Provided by CDC
	Training and Technical Assistance Provided by the Recipients	Training and Technical Assistance Provided by the Recipients
Continuation Narrative	Continuation Narrative	Summary of Work Plan Activities for Next Budget Year
		Implementation of Prevention Strategies
		Budgetary Implications
		Needed Resources
		Technical Assistance
State Action Plan	State Action Plan Progress	Changes to State Action Plan
		State Action Plan Progress and Planned Activities
	Partnership and Resources	Partnership
		Resources
Data Use	Data Sources Used	
Coalition Building and Community Mobilization	Coalition Building and Community Mobilization	Description
		Implementers
		Implementation Progress
		Changes
Prevention Strategy	Background and Program, Policy, or Practice Description	Evidence of Effectiveness
		Essential Elements
		Changes
	Population of Focus and Reach	Population of Focus
		Reach
	Risk and Protective Factors and Violence Outcomes	
	Adaptation	Adaptation
	Implementation Measures	Implementers
Implementation Progress		
Program, Policy, or Practice Resources		
Evaluation	Evaluation Progress	Progress on Evaluation Questions
	Process Measures	Process Measures
	Outcomes	Outcomes
	Translation, Communication, and Dissemination	Translation and Communication Products

Form: Work Plan

Recipients report on progress towards their work plan goals, objectives, and milestones. Goals 1-5 and objectives specified below are prescribed and will be preset for all recipients. Recipients can add up to 3 additional goals (max 8 goals) and have no more than 5 objectives per goal.

CE19-1902 Required Goals and Objectives	
Goal 1	Increase the use of partnerships to implement relationship/community-level strategies and improve coordination of state SV prevention efforts
Objective 1.1	Develop an approach to improve partner coordination as specified in the State Action Plan
Objective 1.2	Implement an approach to improve partner coordination as specified in the State Action Plan
Goal 2	Increase use of data driven decision making for program delivery
Objective 2.1	Increase the use of data for selection of focus populations and prevention approaches
Objective 2.2	Demonstrate the selection of sub-recipients based on data-driven decision
Goal 3	Increase use of indicator data to track implementation and outcomes
Objective 3.1	Identify state-level indicators and data sources to include in the state evaluation plan
Objective 3.2	Track and report on indicators annually
Goal 4	Create environmental and community changes that result from selected community-level strategies
Objective 4.1	Develop plans for implementation for environmental and community-level prevention strategies
Goal 5	Demonstrate changes in selected risk and protective factors
Objective 5.1	Increase tracking of selected risk and protective factors
Objective 5.2	Implement state-level evaluation plan with process and outcome measures

SECTION: Goal

Repeatable Section Limit: 8

Goal #	Text Area (Character Limit: 250)
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Repeatable Panel: Objective

Repeatable Panel Limit: 5

Objective #.#	Start Date	End Date	Progress Status	Progress Notes	Continuation Status	Continuation Notes
Text Area (Character Limit: 250)	Date Range		Dropdown <input type="radio"/> Completed <input type="radio"/> On track <input type="radio"/> Delayed <input type="radio"/> Planned <input type="radio"/> Discontinued	Text Area (Character Limit: 500) Provide reasons for delayed or discontinued work	Dropdown <input type="radio"/> New <input type="radio"/> Continuing <input type="radio"/> Repeating <input type="radio"/> Revising <input type="radio"/> Discontinuing <input type="radio"/> Achieved	Text Area (Character Limit: 500) Provide reasons for redirecting/ revising

Table: Milestones

Table Row Limit: 20

Key Milestones	Key Activities	Start Date	End Date	Progress Status	Progress Notes	Continuation Status	Continuation Notes
Text Area (Character Limit: 250)	Text Area (Character Limit: 250)	Date Range		Dropdown <input type="radio"/> Completed <input type="radio"/> On track <input type="radio"/> Delayed <input type="radio"/> Planned <input type="radio"/> Discontinued	Text Area (Character Limit: 500) Provide reasons for delayed or discontinued work	Dropdown <input type="radio"/> New <input type="radio"/> Continuing <input type="radio"/> Repeating <input type="radio"/> Revising <input type="radio"/> Discontinuing <input type="radio"/> Achieved	Text Area (Character Limit: 250) Provide reasons for redirecting/ revising

Is there anything else we should know about this objective?
Text Area (Character Limit: 1000)

Is there anything else we should know about this goal?
Text Area (Character Limit: 1000)

Form: Barriers and Facilitators

Recipients report on barriers and facilitators encountered during the reporting period.

SECTION: Barriers Encountered

Table: Barriers Encountered

Table Row Limit: 30

Barriers Encountered			Action Planning to Address Barrier			
Barrier Type	Barrier Description	NOFO Component	Action Steps to Resolve	Needed Resources	Parties Involved	Impact of Barrier
Dropdown with Open Response <input type="radio"/> Lack of Buy-in from partners/stakeholders <input type="radio"/> Insufficient funding or resources <input type="radio"/> Inability to access/collect data <input type="radio"/> Implementation issues <input type="radio"/> Staffing issues (e.g., turnover) <input type="radio"/> Inadequate training <input type="radio"/> Other (not listed): specify (Character Limit: 100) <input type="radio"/> No barriers encountered	Text Area (Character Limit: 500)	Checkbox <input type="checkbox"/> Work Plan <input type="checkbox"/> State Action Plan <input type="checkbox"/> Prevention Strategy <input type="checkbox"/> Evaluation <input type="checkbox"/> Training and TA provided to others	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)
Do you anticipate this barrier for the next budget period?			If yes, explain:			
Dropdown <input type="radio"/> Yes <input type="radio"/> No			Text Area (Character Limit: 1000)			

If you anticipate additional challenges or barriers, please list here.

Table Row Limit: 10

What is the challenge or barrier? Why do you anticipate this will be a challenge/barrier?	How do you plan to address this challenge/barrier?
Text Area (Character Limit: 1000)	Text Area (Character Limit: 1000)

SECTION: Facilitators Encountered

Table: Facilitators Encountered

Table Row Limit: 30

Facilitators Encountered			Supports		
Facilitator Type	Facilitator Description	NOFO Component	Resources Used	Parties Involved	Impact of Facilitator
Dropdown with Open Response <input type="radio"/> Strong partners/stakeholders <input type="radio"/> Connection to community <input type="radio"/> Access to funding or resources <input type="radio"/> Access to data <input type="radio"/> Strong implementation <input type="radio"/> Adequate, experienced staff <input type="radio"/> Access to training <input type="radio"/> Other (not listed): specify (Character Limit: 100) <input type="radio"/> No facilitators encountered	Text Area (Character Limit: 500)	Checkbox <input type="checkbox"/> Work Plan <input type="checkbox"/> State Action Plan <input type="checkbox"/> Prevention Strategy <input type="checkbox"/> Evaluation <input type="checkbox"/> Training and TA provided to others	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)

SECTION: Successes

Repeatable Panel: Successes & Accomplishments

Limit: 30

What specific successes and accomplishments have you made during this reporting period?
Text Area (Character Limit: 5000)

Form: Training and Technical Assistance

Recipients report on their participation in training and technical assistance (TA) provided by CDC and on the recipient’s provision of training and TA offered during the reporting period.

SECTION: Training and Technical Assistance Provided by CDC

Which CDC training and TA activities have you participated in during the reporting period?
<p>Checkbox with Open Response</p> <input type="checkbox"/> Annual RPE Recipient Meeting <input type="checkbox"/> Regional RPE Training <input type="checkbox"/> CDC site visit <input type="checkbox"/> E-Learning Collaborative <input type="checkbox"/> State-specific training or TA from the Sexual Violence Technical Assistance Center <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)

Is there anything else we should know about CDC-provided training and TA that you received?
Text Area (Character Limit: 1000)

SECTION: Training and Technical Assistance Provided by the Recipient

Repeatable Panel Limit: 20

What training and technical assistance (TA) did you offer during the reporting period?

Name of Training or TA Topic
Text (Character Limit: 100)

Method of Training or TA	Purpose	How many sessions? Was this one-time or multiple sessions	Description of Participants	Resources Provided to Participants
Dropdown with Open Response <input type="radio"/> Online Resource (Self Study) <input type="radio"/> Webinar <input type="radio"/> One-on-One TA <input type="radio"/> Peer-to-Peer Sharing <input type="radio"/> Conference or Summit <input type="radio"/> In-Person Skill-Building Workshop <input type="radio"/> Other (not listed): specify (Character Limit: 100) <input type="radio"/> Multiple Methods: specify (Character Limit: 100)	Text Area (Character Limit: 500)	Dropdown with Open Response <input type="radio"/> One-time <input type="radio"/> Multiple sessions: Specify how many sessions (Integer) <input type="radio"/> N/A	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)

Total Number of Individuals Trained during Year #	Total Number of Organizations Participated during Year #	Total Number of Trainings Delivered during Year #
Integer	Integer	Integer

Is there anything else we should know about this training or TA that you offered? For example, did you make changes to the training or TA during this reporting period?
Text Area (Character Limit: 1000)

Form: Continuation Narrative

Recipients are required to answer the following questions about plans and needs for the next budget year.

SECTION: Continuation Narrative

Panel: Summary of Work Plan Activities for Next Budget Year

Describe the activities planned for the upcoming budget period. Provide reasons for and reference any key changes to the work plan for the upcoming budget period.

Text Area (Character Limit: 5000)

Panel: Implementation of Prevention Strategies

Describe the planned implementation of prevention strategies in the upcoming budget period. Explain any requests to change the implementation of the current prevention strategies. The CDC project officer must approve any changes to the prevention strategies.

Text Area (Character Limit: 5000)

Panel: Budgetary Implications

Provide any 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.

Text Area (Character Limit: 5000)

Panel: Needed Resources

What additional tools/resources do you need to accomplish the proposed planned activities for the next budget period?

Text Area (Character Limit: 5000)

What tool/resources do you need to leverage your existing partnerships and resources to increase your primary prevention efforts?

Text Area (Character Limit: 5000)

Panel: Technical Assistance

What types of training and technical assistance (TA) do you need? Please describe the areas or topics for TA (e.g., program, evaluation). If TA is not needed, please explain

Text Area (Character Limit: 5000)

Form: State Action Plan

Recipients report on their progress towards required components of the State Action Plan (e.g., enhancing partnership, data use, state sexual violence prevention planning and coordination) during the reporting period.

SECTION: State Action Plan Progress

Table: Changes to State Action Plan

Table Row Limit: 20

Provide a summarized list of changes, if any, to the State Action Plan during the reporting period. Describe the reason(s) for the change and refer to the plan as needed. (Not required in Year 1)

State Action Plan Required Components	Describe the Change	Reason for Change	Notes
Dropdown With Open Response <input type="radio"/> No changes <input type="radio"/> Approach or Strategy <input type="radio"/> Stakeholder/Partner <input type="radio"/> State/local collaboration <input type="radio"/> Prevention Strategies <input type="radio"/> Resources/Funding <input type="radio"/> Training/Technical Assistance <input type="radio"/> Sustainability <input type="radio"/> Health Disparities/Population of Interest <input type="radio"/> Other (not listed): specify (Character Limit: 100)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)

Table: State Action Plan Progress and Planned Activities

Table Row Limit: 10

Provide a summary of key accomplishments related to each component of the State Action Plan during the reporting period and how and which key partners/stakeholders were involved. Indicate a summary of key activities planned for next year and any resources needed.

State Action Required Priorities	Key Accomplishments	How did your accomplishments improve your state's prevention efforts?	Key Activities Planned for Next Year	Needed Resources	Notes
Dropdown With Open Response <input type="radio"/> Addressing Health Disparities <input type="radio"/> Training/Technical Assistance <input type="radio"/> Capacity-Building Support to Unfunded Organizations <input type="radio"/> Strategy Implementation <input type="radio"/> Evaluation & Data Use Capacity <input type="radio"/> Other (not listed): specify (Character Limit: 100)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)

Is there anything else we should know about your progress on the State Action Plan?
 Text Area (Character Limit: 1000)

SECTION: Partnership and Resources

Panel: Partnership

Table: Partners

Table Row Limit: 100

What partners did you engage in the State Action Plan work during the reporting period? Describe the partners, sector, whether new partner or existing, role, and impact on your efforts and sustainability planning.

Name of the Organization	Type of Organization	Sector	Special Focus/Emphasis of the Organization
Text Area (Character Limit: 500)	Dropdown With Open Response <input type="radio"/> Coalition, State <input type="radio"/> Coalition, Local <input type="radio"/> Community-based Organization <input type="radio"/> College or University <input type="radio"/> For-Profit Organization (e.g., businesses) <input type="radio"/> Health care facility (e.g., health clinic, hospital) <input type="radio"/> Local Health department <input type="radio"/> State Health department <input type="radio"/> Non-governmental organizations <input type="radio"/> Rape Crisis Center <input type="radio"/> School <input type="radio"/> School District <input type="radio"/> Other Local Government Agency <input type="radio"/> Other State Government Agency <input type="radio"/> Other (not listed): Specify (Character Limit: 100)	Dropdown With Open Response <input type="radio"/> Business/Labor <input type="radio"/> Education <input type="radio"/> Justice <input type="radio"/> Health Services <input type="radio"/> Housing <input type="radio"/> Media <input type="radio"/> Public Health <input type="radio"/> Social Services <input type="radio"/> Government (Federal, State, County, Local) <input type="radio"/> Community Organizations <input type="radio"/> Other (not listed): Specify (Character Limit: 100)	Dropdown With Open Response <input type="radio"/> Survivor serving <input type="radio"/> Tribal serving <input type="radio"/> Culturally- relevant <input type="radio"/> Youth serving <input type="radio"/> LGBTQ serving <input type="radio"/> Military or Veteran serving <input type="radio"/> Disability serving <input type="radio"/> None <input type="radio"/> Other (not listed): Specify (Character Limit: 100)

Partner Status	Do you provide RPE funding to this partner?	How is this partner engaged in the state SV prevention work?	Comment
Dropdown <input type="radio"/> New, acquired during this reporting period <input type="radio"/> Existing partner/stakeholder <input type="radio"/> Re-engaged partner/stakeholder <input type="radio"/> No longer a partner/stakeholder	Dropdown <input type="radio"/> Yes <input type="radio"/> No	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)

Is there anything else we should know about your partnership and collaboration efforts?
 Text Area (Character Limit: 1000)

Panel Resources

Table: Resources

Table Row Limit: 50

What resources did you use for your State Action Plan work during the reporting period?

Type of Resource	Description of resources obtained or used	How did it improve your state's prevention efforts?	Comments
Dropdown With Open Response <ul style="list-style-type: none"> Funding Staffing Tools for SV Prevention Space Other (not listed): Specify (Character Limit: 100) 	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)

Is there anything else we should know about resources?
Text Area (Character Limit: 1000)

SECTION: Data Use

Table: Data Sources Used

Table Row Limit: 50

What data sources did you use during the reporting period?

Description of data source obtained or used	Data Source Owner (where obtained)	Which of the following did you use this data source to do?	For what other purpose, if any, did you use this data?	Describe any barriers or challenges you encounter in accessing this data source.
Text Area (Character Limit: 500)	Text Area (Character Limit: 500)	Checkbox <ul style="list-style-type: none"> <input type="checkbox"/> Address health disparities <input type="checkbox"/> Select population of focus (Data Driven Population of Focus) <input type="checkbox"/> Select prevention strategies (Data Driven Prevention Strategy) <input type="checkbox"/> Select sub-recipients (Data Driven Sub-Recipients) 	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)

Is there anything else we should know about data sources used/obtained and data use?
Text Area (Character Limit: 1000)

Form: Coalition Building and Community Mobilization

Recipients report on any of their coalition building and community mobilization efforts during the reporting period.

SECTION: Coalition Building and Community Mobilization

Repeatable Section Limit: 20

What is the name of the coalition building or community mobilization effort?
Text (Character Limit: 100)

Panel: Description

Briefly describe the coalition building or community mobilization effort.
Text Area (Character Limit: 1000)

CE19-1902: Rape Prevention & Education (RPE) Using The Best Available Evidence for Sexual Violence Prevention

What is the purpose or role of the coalition building or community mobilization?	Briefly describe the purpose or role. What do you hope to achieve through these efforts?
<p>Checkbox with Open Response</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collect and organize data <input type="checkbox"/> Conduct needs assessments <input type="checkbox"/> Train community members <input type="checkbox"/> Leverage funds from sources other than RPE <input type="checkbox"/> Leverage resources other than funding (e.g., personnel, space, supplies) <input type="checkbox"/> Plan or implement prevention interventions <input type="checkbox"/> Ensure that RPE-funded prevention interventions address issues related to cultural competence <input type="checkbox"/> Plan or implement process or outcome evaluations of prevention interventions <input type="checkbox"/> Educate others about needed changes in policy at the organizational, local, or state/tribal/jurisdiction level <input type="checkbox"/> Mobilize community to take ownership of issues <input type="checkbox"/> Other (not listed): Specify (Character Limit: 100) 	<p>Text Area (Character Limit: 500)</p>

Panel: Implementers

Provide a brief description about the implementers of this coalition building or community mobilization effort.
Text Area (Character Limit: 1000)

How many implementers implement the coalition building or community mobilization effort during Year 1?
Integer

Panel: Implementation Progress

Table: Activities

Table Row Limit: 20

Activity Type	Description of Activity	Purpose	Number of Activities Completed
<p>Dropdown with Open Response</p> <ul style="list-style-type: none"> <input type="radio"/> Educational sessions <input type="radio"/> Training sessions <input type="radio"/> Projects <input type="radio"/> Ads <input type="radio"/> Web/Social Media Postings <input type="radio"/> Text messages or emails <input type="radio"/> Presentations <input type="radio"/> Print materials <input type="radio"/> Meetings <input type="radio"/> Other (not listed): specify (Character Limit: 100) 	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)	Integer

Panel: Changes

Were there any changes to the coalition building or the community mobilization during this reporting period? (not required in year 1)	If yes, explain:
<p>Dropdown</p> <ul style="list-style-type: none"> • Yes • No 	Text Area (Character Limit: 1000)

Is there anything else we should know about this coalition building or the community mobilization effort?
Text Area (Character Limit: 1000)

Form: Prevention Strategy

This form collects information about the prevention strategies and approaches being implemented, and their implementation measures and progress (e.g., reach, delivery).

SECTION: Background and Program, Policy, or Practice Description

What is the name of the implementing organization?	
Text (Character Limit: 100)	
Name of Program, Policy, or Practice	
Dropdown With Open Response <input type="radio"/> Adequate Work Supports <input type="radio"/> Alcohol Policies <input type="radio"/> Bringing in the Bystander <input type="radio"/> Coaching Boys into Men <input type="radio"/> Comparable Worth Policies <input type="radio"/> Enhanced Assess, Acknowledge, Act <input type="radio"/> Expect Respect <input type="radio"/> Fourth R <input type="radio"/> Green Dot <input type="radio"/> Powerful Voices <input type="radio"/> Proactive Sexual Harassment Prevention Policies and Procedures <input type="radio"/> Safe Dates <input type="radio"/> Safer Choices <input type="radio"/> Second Step <input type="radio"/> Shifting Boundaries Building-Level Intervention <input type="radio"/> Strong African American Families – SAAF <input type="radio"/> Other (not listed): specify (Character Limit: 100)	
Briefly describe the program, policy, or practice.	
Text Area (Character Limit: 1000)	
Which STOP SV approach does this program, policy, or practice address?	
Dropdown <input type="radio"/> Bystander approaches <input type="radio"/> Empowerment-based training <input type="radio"/> Mobilizing men and boys as allies <input type="radio"/> Social-emotional learning <input type="radio"/> Teach healthy, safe dating and intimate relationship skills to adolescents <input type="radio"/> Promoting healthy sexuality <input type="radio"/> Strengthening economic supports for women and families <input type="radio"/> Strengthening leadership and opportunities for girls <input type="radio"/> Improving safety and monitoring in schools <input type="radio"/> Establishing and consistently applying workplace policies <input type="radio"/> Addressing community-level risks through environmental approaches	
Explain how this program, policy, or practice aligns or addresses the STOP SV approach selected.	
Text Area (Character Limit: 1000)	
What is the main way this program, policy, or practice is delivered?	
Delivery Method	Description
Dropdown With Open Response <input type="radio"/> Educational curriculum <input type="radio"/> Social marketing <input type="radio"/> Social media campaign <input type="radio"/> Built environment change <input type="radio"/> Organizational policy change <input type="radio"/> Policy education or implementation <input type="radio"/> Other (not listed): specify (Character Limit: 100)	Text Area (Character Limit: 1000)

If your response to the previous question indicated policy, please further describe the type and focus of the effort. If it was a program or practice, skip this question.

Type	Focus
Dropdown with Open Response <input type="radio"/> Policy <input type="radio"/> Local ordinance <input type="radio"/> Procedure <input type="radio"/> Administrative action <input type="radio"/> Incentive <input type="radio"/> Organizational contract <input type="radio"/> Rule/regulation <input type="radio"/> Other (not listed): specify (Character Limit: 100)	Dropdown with Open Response <input type="checkbox"/> Climate and safety <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Alcohol <input type="checkbox"/> Comparable worth/Pay equity <input type="checkbox"/> Paid leave <input type="checkbox"/> Housing <input type="checkbox"/> Trauma informed <input type="checkbox"/> Family friendly workplace <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)

Panel: Evidence of Effectiveness

What is the evidence (evaluations results, research outcomes, etc.) for the effectiveness of the program, policy, or practice in addressing the identified sexual violence problem?

Evidence	Description
Dropdown with Open Response <input type="radio"/> Example approach listed in the technical package <input type="radio"/> Based on best available research evidence <input type="radio"/> Based on practice-based evidence <input type="radio"/> Other (not listed): specify (Character Limit: 100)	Text Area (Character Limit: 1000)

What are the reasons for selecting this prevention strategy?
Text Area (Character Limit: 1000)

Panel: Essential Elements

Describe the essential content, delivery, and implementer characteristics of this prevention strategy. Please refer to resources on estimating essential elements. (Not required for Year 1)

What (Essential Content)
Text Area (Character Limit: 1000)

How (Essential Delivery)
Text Area (Character Limit: 1000)

Who (Essential Implementer’s Characteristics)
Text Area (Character Limit: 1000)

Is there anything else we should know about the program, policy, or practice’s essential elements?
Text Area (Character Limit: 1000)

Panel: Changes

Were there any changes to the program, policy, or practice during this reporting period? (not required in year 1)	If yes, explain:
Dropdown <input type="radio"/> Yes <input type="radio"/> No	Text Area (Character Limit: 1000)

SECTION: Population of Focus and Reach

Panel: Population of Focus

Provide a narrative description of the population and setting of focus for this program, policy, or practice.	Why was this population or setting selected and how is the program, policy, or practice appropriate for the selected population or setting?
Text Area (Character Limit: 1000)	Text Area (Character Limit: 1000)

Is there a specific community or population you are focusing on?		
Checkbox With Open Response		
<input type="checkbox"/> No <input type="checkbox"/> Immigrants or Refugees <input type="checkbox"/> LGBTQ Communities <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated or Formerly Incarcerated <input type="checkbox"/> Migrant Workers <input type="checkbox"/> Military <input type="checkbox"/> Poor or Economically Disadvantaged <input type="checkbox"/> People with Disabilities <input type="checkbox"/> Perpetrators of Crimes or Violence <input type="checkbox"/> Rural <input type="checkbox"/> Tribal Communities <input type="checkbox"/> Urban Communities <input type="checkbox"/> Veterans <input type="checkbox"/> Victims of Crimes or Violence <input type="checkbox"/> Vulnerable or At Risk Population	<input type="checkbox"/> Adolescent <input type="checkbox"/> African-American or Black Population <input type="checkbox"/> Asian Population <input type="checkbox"/> Children and Families <input type="checkbox"/> Elder <input type="checkbox"/> Foster Youths or Families <input type="checkbox"/> Hispanic or Latino Population <input type="checkbox"/> Men and Boys <input type="checkbox"/> Pacific Islanders Population <input type="checkbox"/> Parents and Families <input type="checkbox"/> Single Parents <input type="checkbox"/> Women and Girls	<input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)

Please indicate the types of individuals or organizations that you are focusing on and who you intend to affect. Selected items should match the narrative description provided above.		
Checkbox With Open Response		
Types of Individuals <input type="checkbox"/> Students <input type="checkbox"/> Youths <input type="checkbox"/> Teachers/Professors <input type="checkbox"/> School Staff <input type="checkbox"/> Policy Makers <input type="checkbox"/> Parents <input type="checkbox"/> Healthcare Professionals <input type="checkbox"/> Mental Health Providers <input type="checkbox"/> Employees of an Organization <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	Types of Organizations <input type="checkbox"/> School Administrators <input type="checkbox"/> Governmental Agencies <input type="checkbox"/> Non-Government Agencies <input type="checkbox"/> Non-Profits <input type="checkbox"/> Businesses <input type="checkbox"/> Bars <input type="checkbox"/> Homes <input type="checkbox"/> Employers <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	Types of Communities <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Census Tract/Zip Code <input type="checkbox"/> Commercial District <input type="checkbox"/> Neighborhood <input type="checkbox"/> Territory Area <input type="checkbox"/> Park and Recreational Area <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)

Were there any changes to the population and setting of focus during this reporting period? (not required in year 1)	If yes, explain:
Dropdown <input type="radio"/> Yes <input type="radio"/> No	Text Area (Character Limit: 1000)

Is there anything else we should know about the population and setting of focus?
Text Area (Character Limit: 1000)

Panel: Reach

Number of Individuals Reached	Possible Number of Individuals that can be Reached (not required for Year 1)
Integer	Integer
Number of Organizations Reached	Possible Number of Organizations that can be Reached (not required for Year 1)
Integer	Integer

Number of Communities Reached	Possible Number of Communities that can be Reached (not required for Year 1)
Integer	Integer

Is there anything else we should know about the population and setting of focus reached?
Text Area (Character Limit: 1000)

SECTION: Risk and Protective Factors and Violence Outcomes

Provide a narrative description of the outcomes and risk and protective factors that is the policy, program, or practice intend to change.
Text Area (Character Limit: 1000)

What risk and protective factors does this program, policy, or practice address?
Checkbox With Open Response

Individual Risk Factors	Relationship Risk Factors	Community Risk Factors	Societal Risk Factors
<input type="checkbox"/> Alcohol and drug use <input type="checkbox"/> Delinquency <input type="checkbox"/> Lack of empathy <input type="checkbox"/> General aggressiveness and acceptance of violence <input type="checkbox"/> Early sexual initiation <input type="checkbox"/> Coercive sexual fantasies <input type="checkbox"/> Preference for impersonal sex and sexual-risk taking <input type="checkbox"/> Exposure to sexually explicit media <input type="checkbox"/> Hostility towards women <input type="checkbox"/> Adherence to traditional gender role norms <input type="checkbox"/> Hyper-masculinity <input type="checkbox"/> Suicidal behavior <input type="checkbox"/> Prior sexual victimization or perpetration <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<input type="checkbox"/> Family environment characterized by physical violence and conflict <input type="checkbox"/> Childhood history of physical, sexual, or emotional abuse <input type="checkbox"/> Emotionally unsupportive family environment <input type="checkbox"/> Poor parent-child relationships, particularly with fathers <input type="checkbox"/> Association with sexually aggressive, hypermasculine, and delinquent peers <input type="checkbox"/> Involvement in a violent or abusive intimate relationship <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<input type="checkbox"/> Poverty <input type="checkbox"/> Lack of employment opportunities <input type="checkbox"/> Lack of institutional support from police and judicial system <input type="checkbox"/> General tolerance of sexual violence within the community <input type="checkbox"/> Weak community sanctions against sexual violence perpetrators <input type="checkbox"/> High alcohol outlet density <input type="checkbox"/> Diminished economic opportunities <input type="checkbox"/> Poor neighborhood or community support and cohesion <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<input type="checkbox"/> Societal norms that support sexual violence <input type="checkbox"/> Societal norms that support male superiority and sexual entitlement <input type="checkbox"/> Societal norms that maintain women’s inferiority and sexual submissiveness <input type="checkbox"/> Weak laws and policies related to sexual violence and gender equity <input type="checkbox"/> High levels of crime and other forms of violence <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)
Individual Protective Factors	Relationship Protective Factors	Community Protective Factors	Societal Protective Factors
<input type="checkbox"/> Parental use of reasoning to resolve family conflict <input type="checkbox"/> Emotional health and connectedness <input type="checkbox"/> Academic achievement <input type="checkbox"/> Empathy and concern for how one’s actions affect others <input type="checkbox"/> Skills in solving problems non-violently <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<input type="checkbox"/> Family support and connectedness <input type="checkbox"/> Connection to a caring adult <input type="checkbox"/> Association with pro-social peers <input type="checkbox"/> Connection/commitment to school <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<input type="checkbox"/> Neighborhood or Community support/connectedness <input type="checkbox"/> Access to mental and health services <input type="checkbox"/> Availability of safe and affordable housing and the ability of families to access housing assistance <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<input type="checkbox"/> Societal norms that violence is unacceptable <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)

What types of violence and injury outcomes does the program, policy, or practice directly address?
<p>Checkbox With Open Response</p> <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Child Abuse and Neglect <input type="checkbox"/> Child Sexual Abuse <input type="checkbox"/> Human Trafficking <input type="checkbox"/> Youth Violence <input type="checkbox"/> Intimate Partner Violence <input type="checkbox"/> Suicide <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)

How does this program, policy, or practice address those risk and protective factors among the population of focus?
Text Area (Character Limit: 1000)

Is there anything else we should know about the risk and protective factors and violence outcomes?
Text Area (Character Limit: 1000)

Were there any changes to the risk and protective factors and violence outcomes during this reporting period? (not required in year 1)	If yes, explain:
<p>Dropdown</p> <input type="radio"/> Yes <input type="radio"/> No	Text Area (Character Limit: 1000)

SECTION: Adaptation

What adaptations to the essential elements of the program, policy, or practice did you plan to make or have made during implementation? (Not required in year 1)

Panel: Adaptation #

Repeatable Panel Limit: 20

Description of Adaptation: Open-Text
Text Area (Character Limit: 1000)

Essential Element <i>(To which essential element was this adaptation made?)</i>	Type of Adaptation	Reason for Adaptation	Describe the reason for this adaptation.	Impact of Adaptation on Essential Elements <i>(How will the adaptation support the strategy's essential elements instead of undermining the underlying theory or effectiveness of the program, policy, or practice?)</i>
<p>Dropdown</p> <input type="radio"/> Content <input type="radio"/> Delivery <input type="radio"/> Implementer	<p>Dropdown with Open Response</p> <input type="radio"/> Addition <input type="radio"/> Deletion <input type="radio"/> Reordering Sequence <input type="radio"/> Modification <input type="radio"/> Other (not listed): specify (Character Limit: 100)	<p>Checkbox with Open Response</p> <input type="checkbox"/> To increase relevancy of material and participant understanding <input type="checkbox"/> To increase participant participation <input type="checkbox"/> To create or maintain relationships with participants <input type="checkbox"/> To respond to limited time and resources <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)

CE19-1902: Rape Prevention & Education (RPE) Using The Best Available Evidence for Sexual Violence Prevention

Adaptation Made <i>(Was this adaptation planned or made during delivery?)</i>	Result of Adaptation <i>(What was the result, impact of the adaptation?)</i>
Dropdown <input type="radio"/> Planned <input type="radio"/> Field	Text Area (Character Limit: 500)

Plan for this Adaptation in Future Implementation Cycles	Resources needed	Describe how you plan to track and monitor this adaptation
Dropdown <input type="radio"/> Keep <input type="radio"/> Change <input type="radio"/> Omit <input type="radio"/> Adapt across sites <input type="radio"/> No plans	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)

Is there anything else we should know about this adaptation?
Text Area (Character Limit: 1000)

SECTION: Implementation Measures

Panel: Implementers

Provide a brief description about the implementers of this program, policy, or practice.
Text Area (Character Limit: 1000)

How many implementers have been trained to deliver or implement the program, policy, or practice during Year 1?
Integer

Panel: Implementation Progress

Table: Activity

Table Row Limit: 20

Activity Type	Description of Activity	Purpose	Number of Activities Completed
Dropdown with Open Response <input type="radio"/> Educational sessions <input type="radio"/> Training sessions <input type="radio"/> Projects <input type="radio"/> Ads <input type="radio"/> Web/Social Media Postings <input type="radio"/> Text messages or emails <input type="radio"/> Presentations <input type="radio"/> Print materials <input type="radio"/> Meetings <input type="radio"/> Other (not listed): specify (Character Limit: 100)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)	Integer

Is there anything else we should know about the implementation of this program, policy, or practice?
Text Area (Character Limit: 1000)

SECTION: Program, Policy, or Practice Resources

How much of this program, policy, or practice was funded by RPE?	If less than 100%, how many sources or partners contribute to this program, policy, or practice?	Please describe the sector of those partners.	In what ways did partners contribute?	Notes
Dropdown <input type="radio"/> 100% <input type="radio"/> 51 – 99% <input type="radio"/> 50% <input type="radio"/> 1- 49% <input type="radio"/> 0%	Integer	Checkbox With Open Response <input type="checkbox"/> Business/Labor <input type="checkbox"/> Education <input type="checkbox"/> Justice <input type="checkbox"/> Health Services <input type="checkbox"/> Housing <input type="checkbox"/> Media <input type="checkbox"/> Public Health <input type="checkbox"/> Social Services <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	Checkbox With Open Response <input type="checkbox"/> Funding <input type="checkbox"/> Resources <input type="checkbox"/> Staffing <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	Text Area (Character Limit: 500)

Is there anything else we should know about the implementing organization and the resources for this program, policy, or practice?
 Text Area (Character Limit: 1000)

Were there any changes to contributing partners during this reporting period? (not required in year 1)	If yes, explain:
Dropdown <input type="radio"/> Yes <input type="radio"/> No	Text Area (Character Limit: 1000)

This form will not be shown in the DVP Partners Portal in Year 1.

Form: Evaluation

(Not required in Year 1)

Recipients report on their progress on evaluation activities and on indicators measuring the outcomes of their efforts for CE19-1902.

SECTION: Evaluation Progress

Table: Changes to Evaluation Plan

Table Row Limit: 20

Provide a summarized list of changes (e.g., methods or data sources) made to the evaluation plan during the reporting period. Describe the reason(s) for the change and refer to the plan as needed.

Evaluation Plan Sections	Describe the Change	Reason for Change	Notes
Dropdown with Open Response <input type="radio"/> No changes <input type="radio"/> Evaluation Design <input type="radio"/> Evaluation Question <input type="radio"/> Data Analysis, Synthesis, and Interpretation <input type="radio"/> Data Collection Method or Data Source <input type="radio"/> Measures and Indicators <input type="radio"/> Translation, Communication, and Dissemination <input type="radio"/> Evaluation Team <input type="radio"/> Other (not listed): specify (Character Limit: 100)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)

Progress on Evaluation Questions

Table Row Limit: 10

Evaluation Question	Progress Made/Data Collected	Summary of Findings (if available)	Planned Activities for Next Year	Notes
Text Area (Character Limit: 250)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)

Is there anything else we should know about the evaluation efforts?
Text Area (Character Limit: 1000)

SECTION: Process Measures

Table: Process Measures

Table Row Limit: 30

Process Measure	Data Source	Component Being Measured	Unit	Year 5 Desired Value	Year # Value	Date Data Pulled	Notes
Text Area (Character Limit: 250)	Text Area (Character Limit: 250)	Text Area (Character Limit: 250)	Dropdown with Open Response <input type="radio"/> Number <input type="radio"/> Percent* <input type="radio"/> Proportion* <input type="radio"/> Rate* <input type="radio"/> Cost <input type="radio"/> Other (not listed): specify (Character Limit: 100)	Decimal	Decimal	Date	Text Area (Character Limit: 500)
				*Provide numerator and denominator if available	*Provide numerator and denominator if available		
				Fraction	Fraction		

SECTION: Outcomes

Repeatable Panel: Outcomes #

Repeatable Panel Limit: 30

Outcome Construct	Description of Outcome	Type of Outcome	SEM Level	Component Being Measured
Dropdown with Open Response <ul style="list-style-type: none"> o Access to Care or Services o Alcohol or Drug Use o Bystander Behaviors o Social Emotional Skills o Community Connectedness o Education o Economic Supports or Opportunities o Environmental Conditions o Family Connectedness o Gender Norms o Inequity o Policies o Social Connections o Social Norms o Violence Victimization o Violence Perpetration o Other (not listed): specify (Character Limit: 100) 	Text Area (Character Limit: 250)	Dropdown <ul style="list-style-type: none"> o Risk Factor o Protective Factor o Violence outcome o Other (not listed): specify (Character Limit: 100) 	Drop-Down <ul style="list-style-type: none"> o Individual o Relationship o Community o Societal o Other (not listed): specify (Character Limit: 100) 	Text Area (Character Limit: 250)

Table: Outcome Indicators

Table Row Limit: 10

Indicator	Data Source	Unit	Year 5 Desired Value	Baseline Value	Description of how Baseline and Desired Values were determined.	Year # Value	Date Data Pulled	Notes
Text Area (Character Limit: 250)	Text Area (Character Limit: 250)	Dropdown with Open Response <ul style="list-style-type: none"> o Number o Percent* o Proportion* o Rate* o Cost o Other (not listed): specify (Character Limit: 100) 	Decimal	Decimal	Text Area (Character Limit: 500)	Decimal	Date	Text Area (Character Limit: 500)
			*Provide numerator and denominator if available	*Provide numerator and denominator if available		*Provide numerator and denominator if available		
			Fraction	Fraction		Fraction		

SECTION: Translation, Communication, Dissemination

What products have you developed to communicate key findings or messages about your sexual violence prevention efforts to different audiences? Note that these products may result from the use of data and for purposes that include but are not limited to marketing, planning, program improvement, evaluation.

Table: Translation and Communication Products

Table Row Limit: 50

Product Type	Description of Product	Purpose and Main Message	Primary Audience	How did it improve or contribute to your state prevention efforts?
Checkbox with Open Response <input type="checkbox"/> Brief (e.g. Fact Sheet) <input type="checkbox"/> Communities of Practice <input type="checkbox"/> Conference <input type="checkbox"/> Email <input type="checkbox"/> Manuscript/Scientific Publication <input type="checkbox"/> Mass Media Campaign <input type="checkbox"/> Meeting <input type="checkbox"/> Newsletter <input type="checkbox"/> Report <input type="checkbox"/> Resource Guide <input type="checkbox"/> Social Media <input type="checkbox"/> Workshop/Training <input type="checkbox"/> Webinar <input type="checkbox"/> Press Release <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)	Text Area (Character Limit: 500)

Button to add row to table

Is there anything else we should know about your translation, communication, and dissemination efforts?
Text Area (Character Limit: 1000)