

# Annual Reporting Data Elements for RPE Screenshots

## Rape Prevention and Education Home Page



### Rape Prevention and Education (1902) A.B.C Forms

FY 2019

Form Name	Submission Year	Submission Status	Form Set
<b>Annual Performance Report 2019</b>			Status: In Progress
▶ Barriers, Facilitators, and Successes	FY 2019	23 Days Left	Annual Performance Report 2019
▼ Workplan	FY 2019	23 Days Left	Annual Performance Report 2019 <input type="button" value="+ Add Workplan"/>
<b>Submission Name</b>		<b>Status</b>	<b>Action</b>
Goal 1		<input type="button" value="In Progress"/>	<input type="button" value="Actions ▼"/>
Goal 2		<input type="button" value="Not Started"/>	<input type="button" value="Actions ▼"/>
▶ Training and Technical Assistance	FY 2019	23 Days Left	Annual Performance Report 2019
▶ Continuation Application Narrative	FY 2019	23 Days Left	Annual Performance Report 2019
▶ State Action Plan	FY 2019	23 Days Left	Annual Performance Report 2019
▶ Coalition Building and Community Mobilization	FY 2019	23 Days Left	Annual Performance Report 2019
▼ Prevention Strategy	FY 2019	23 Days Left	Annual Performance Report 2019 <input type="button" value="+ Add Prevention Strategy"/>
<b>Submission Name</b>		<b>Status</b>	<b>Action</b>
Coaching Boys into Men		<input type="button" value="Not Started"/>	<input type="button" value="Actions ▼"/>
Fourth R		<input type="button" value="Not Started"/>	<input type="button" value="Actions ▼"/>

Form Approved  
 OMB NO: 0920-xxxx  
 Exp. Date: X/XX/XXXX

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## Form: Work Plan

**CDC** Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

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### Rape Prevention and Education (1902) : Workplan : Sections

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Section Name	Checked Out By	Last Edit Date	
Section 1: Progress on Goals	Candace Girod	5/5/2019 12:41 PM	<a href="#">Actions</a>

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## SECTION: Progress on Goals

**CDC** Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

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Workplan : Section 1: Progress on Goals

<b>Funding Opportunity</b> Rape Prevention and Education (1902) <b>Organization Name</b> A.B.C <b>Submission Name</b> Goal 1	<b>Reporting Year</b> FY 2019 <b>Form Set Name</b> Annual Performance Report 2019
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Goal NOFO Project Period nfdjntdkxn kdsnfdknsfkndsfkndksfndstf

[Collapse](#) [Delete](#)

**Objective \***

Objective

**Start & End Dates**

to

**Progress Status \***

Select One

**Progress Notes**

Provide reasons for delayed or discontinued work

**Continuation Status \***

Select One

**Continuation Notes**

Provide reasons for redirecting/revising

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

0/500

[+ Add](#)
[^ Collapse](#)
[Export CSV](#)
[Columns](#)

**Milestones**

Key Milestones	Key Activities	Start & End Dates	Progress Status	Progress Notes	Continuation Status	Continuation Notes	Actions
sasf	asdf	8/13/2019 - 9/12/2019	On track	asdf	Continuing	asfd	<a href="#">Actions</a>

Is there anything else we should know about this objective?

Is there anything else we should know about this objective?

0/1000

[+ Add Objective](#)

[^ Collapse](#)

Is there anything else we should know about this goal?

Is there anything else we should know about this goal?

0/1000

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[Save and Check-in](#)

Table: Milestones

**Milestones** x

**Key Milestones**  0/250 [lock](#)

**Key Activities**  0/250 [lock](#)

**Start & End Dates**  to  [lock](#)

**Progress Status**  [lock](#)

**Progress Notes**  0/500 [lock](#)

**Continuation Status**  [lock](#)

**Continuation Notes**  0/250 [lock](#)

[Close](#)
[Save](#)

## Form: Barriers, Facilitators, and Successes



### Rape Prevention and Education (1902) : Barriers, Facilitators, and Successes : Sections

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Section Name	Checked Out By	Last Edit Date	
Barriers Encountered			<a href="#">Actions</a> ▾
Facilitators Encountered			<a href="#">Actions</a> ▾
Successes			<a href="#">Actions</a> ▾

Showing 1 to 3 of 3 entries

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## SECTION: Barriers Encountered

### Barriers, Facilitators, and Successes : Barriers Encountered

**Funding Opportunity**  
Rape Prevention and Education (1902)  
**Organization Name**  
A.B.C  
**Submission Name**  
BFS

**Reporting Year**  
FY 2019  
**Form Set Name**  
Annual Performance Report 2019

[+ Add](#) [Collapse](#) [Export CSV](#) [Columns](#)

Barrier Type	Barrier Description	Action Steps to Resolve	Needed Resources	Parties Involved	Impact of Barrier	Do you anticipate this barrier for the upcoming budget period?	Actions
Lack of buy-in from partners or stakeholders	asdf	asdf	asf	asdf	asdf	asdf	<a href="#">Actions</a> ▾

[+ Add](#) [Collapse](#) [Export CSV](#) [Columns](#)

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

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?	Actions
asdf	asdf	<a href="#">Actions</a> ▾

[Back to Sections](#) [Save](#) [Save and Check-in](#)

Table: Facilitators Encountered

Barriers Encountered ✕

**Barrier Type**

**Barrier Description**  0/500

**NOFO Component**

- Work Plan
- State Action Plan
- Prevention Strategy
- Evaluation
- Training and TA provided to others

**Action Steps to Resolve**  0/500

**Needed Resources**  0/500

**Parties Involved**  0/500

**Impact of Barrier**  0/500

**Do you anticipate this barrier for the upcoming budget period?**

Close Save

**SECTION: Facilitators Encountered**



Barriers, Facilitators, and Successes : Facilitators Encountered

**Funding Opportunity**  
Rape Prevention and Education (1902)  
**Organization Name**  
A.B.C  
**Submission Name**  
BFS

**Reporting Year**  
FY 2019  
**Form Set Name**  
Annual Performance Report 2019

+ Add Collapse Export CSV Columns Search

**Facilitators Encountered**

Facilitator Type	Facilitator Description	Resources Used	Parties Involved	Impact of Facilitator	Actions
Strong partners/stakeholders	asdf	asdf	asf	asdf	Actions

Back to Sections Save Save and Check-in

*Table: Facilitators Encountered*

**Facilitators Encountered** ✕

**Facilitator Type**  🔍

**Facilitator Description**  🔍

**NOFO Component**

- Work Plan 🔍
- State Action Plan 🔍
- Prevention Strategy 🔍
- Evaluation 🔍
- Training and TA provided to others 🔍

**Resources Used**  🔍

**Parties Involved**  🔍

**Impact of Facilitator**  🔍

Close Save

SECTION: Successes

Barriers, Facilitators, and Successes : Successes

**Funding Opportunity**  
Rape Prevention and Education (1902)  
**Organization Name**  
A.B.C  
**Submission Name**  
BFS

**Reporting Year**  
FY 2019  
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What specific successes and accomplishments have you made during this reporting period? \*

What specific successes and accomplishments have you made during this reporting period?

## Form: Training and Technical Assistance



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### Rape Prevention and Education (1902) : Training and Technical Assistance : Sections

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Section Name	Checked Out By	Last Edit Date	
Section 1: Training and Technical Assistance Provided by CDC			Actions
Section 2: Training and Technical Assistance Provided by the Recipient.			Actions

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## SECTION: Training and Technical Assistance Provided by CDC



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### Training and Technical Assistance : Section 1: Training and Technical Assistance Provided by CDC

**Funding Opportunity**

Rape Prevention and Education (1902)

**Organization Name**

A.B.C.

**Submission Name**

TA

**Reporting Year**

FY 2019

**Form Set Name**

Annual Performance Report 2019

Which CDC training and TA activities have you participated in during the reporting period?

- Annual RPE reverse site visit
- Regional RPE Training
- CDC site visit
- E-Learning Collaborative
- State-specific training or TA from the Sexual Violence Technical Assistance Center
- Other

Is there anything else we should know about CDC-provided training and TA that you received?

Is there anything else we should know about CDC-provided training and TA that you received?

0/1000

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**SECTION: Training and Technical Assistance Provided by the Recipient**



**Training and Technical Assistance** : Section 2: Training and Technical Assistance Provided by the Recipient.

Funding Opportunity  
Rape Prevention and Education (1902)  
Organization Name  
A.B.C.  
Submission Name  
TA

Reporting Year  
FY 2019  
Form Set Name  
Annual Performance Report 2019

Search

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

Name of training or TA topic	Method of training or TA	Purpose	How many sessions? Was this one-time or multiple sessions?	Description of Participants	Resources Provided to Participants	Total Number of Individuals Trained during Year 1	Total Number of Organizations that Participated during Year 1	Total Number of Trainings Delivered during Year 1	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?	Actions
asdf	Webinar	asdf	12	asdf	asdf	12	12	12	asdf	<input type="button" value="Actions"/>

*Table: Training and Technical Assistance Provided by the Recipient*

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

<b>Name of training or TA topic</b>	Name of training or TA topic <span style="float: right; font-size: 8px;">0/100</span>	🔒
<b>Method of training or TA</b>	Select One <span style="float: right;">▼</span>	🔒
<b>Purpose</b>	Purpose <span style="float: right; font-size: 8px;">0/500</span>	🔒
<b>How many sessions? Was this one-time or multiple sessions?</b>	Select One <span style="float: right;">▼</span>	🔒
<b>Description of Participants</b>	Description of Participants <span style="float: right; font-size: 8px;">0/500</span>	🔒
<b>Resources Provided to Participants</b>	Resources Provided to Participants <span style="float: right; font-size: 8px;">0/500</span>	🔒
<b>Total Number of Individuals Trained during Year 1</b>	Enter a Number	🔒
<b>Total Number of Organizations that Participated during Year 1</b>	Enter a Number	🔒
<b>Total Number of Trainings Delivered during Year 1</b>	Enter a Number	🔒
<b>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?</b>	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? <span style="float: right; font-size: 8px;">0/1000</span>	🔒

Close
Save

room

Policies

1600 Clifton Road Atlanta, GA 30329-4027

## Form: Continuation Narrative



### Rape Prevention and Education (1902) : Continuation Application Narrative : Sections

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Section Name	Checked Out By	Last Edit Date
Continuation Application		

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### Continuation Application Narrative : Continuation Application

**Funding Opportunity**  
Rape Prevention and Education (1902)  
**Organization Name**  
A.B.C  
**Submission Name**  
CAN

**Reporting Year**  
FY 2019  
**Form Set Name**  
Annual Performance Report 2019

#### Summary of Work Plan Activities for Next Budget Period:

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.

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.

#### 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

**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.**

•

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.

02982

**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.**

•

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.

02983

**Needed Resources:** What additional technologies do you need to accomplish the proposed shared activities for the upcoming budget period?

02888

**Needed Resources: What additional tools/resources do you need to accomplish the proposed planned activities for the upcoming budget period?**

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

02888

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

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

02888

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

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

02888

Technical Assistance

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0/2500

**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.

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.

0/2500

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💾 Save
💾 Save and Check-In

## Form: State Action Plan



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### Rape Prevention and Education (1902) : State Action Plan : Sections

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Section Name	Checked Out By	Last Edit Date	
State Action Plan Progress	Candace Girod	8/5/2019 3:23 PM	<a href="#">Actions ▾</a>
Partnership and Resources	Candace Girod	8/5/2019 12:28 PM	<a href="#">Actions ▾</a>
Data and Data Use	Candace Girod	8/5/2019 12:29 PM	<a href="#">Actions ▾</a>

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**SECTION: State Action Plan Progress**



State Action Plan : State Action Plan Progress

Funding Opportunity  
Rape Prevention and Education (1902)  
Organization Name  
A.B.C  
Submission Name  
SAP

Reporting Year  
FY 2019  
Form Set Name  
Annual Performance Report 2019

Changes to State Action Plan - Provide a summarized list of changes, if any, to the State Action Plan during this reporting period. Describe the reason(s) for the change and refer to the plan as needed.

State Action Plan Required Components	Describe the Change	Reason for Change	Notes	Actions
Approach or Strategy	asdf	asdf	asdf	<input type="button" value="Actions"/>

State Action Plan Progress and Planned Activities - 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	Actions
Training/Technical Assistance	asdf	asdf	asdf	asdf	asdf	<input type="button" value="Actions"/>

Is there anything else we should know about your progress on the State Action Plan?

Is there anything else we should know about your progress on the State Action Plan?

0/1000

*Table: Changes to State Action Plan*

Changes to State Action Plan - Provide a summarized list of changes, if any, to the State Action Plan during this reporting period. Describe the reason(s) for the change and refer to the plan as needed. ✕

<b>State Action Plan Required Components</b>	Select One <span style="float: right;">▼</span>	
<b>Describe the Change</b>	Describe the Change  <span style="float: right;">0/500</span>	
<b>Reason for Change</b>	Reason for Change  <span style="float: right;">0/500</span>	
<b>Notes</b>	Notes  <span style="float: right;">0/500</span>	

Close Save

**Activities - Provide a summary of key accomplishments related to each component of the State Action Plan during the reporting period**



*Table: State Action Plan Progress and Planned Activities*

State Action Plan Progress and Planned Activities - 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.

<b>State Action Required Priorities</b>	Select One	0/500
<b>Key Accomplishments</b>	Key Accomplishments	0/500
<b>How did your accomplishments improve your state's prevention efforts?</b>	How did your accomplishments improve your state's prevention efforts?	0/500
<b>Key Activities Planned for Next Year</b>	Key Activities Planned for Next Year	0/500
<b>Needed Resources</b>	Needed Resources	0/500
<b>Notes</b>	Notes	0/500

Close Save

**SECTION: Partnership and Resources**



State Action Plan : Partnership and Resources

Funding Opportunity: Rape Prevention and Education (1902)  
 Organization Name: A.B.C.  
 Submission Name: SAP

Reporting Year: FY 2019  
 Form Set Name: Annual Performance Report 2019

+ Add Collapse Export CSV Columns Search

What partners did you engage in the State Action Plan work during the reporting period? Describe the partner, sector, whether new partner or existing, role, and impact on your efforts and sustainability planning.  
 \*\*\*Do not report implementing organizations here\*\*\*

Name of Organization	Type of Organization	Sector	Special Focus / Emphasis of the Organization	Partner Status	Do you provide RPE funding to this partner?	How is this partner engaged in the state SV prevention work?	Comments	Actions
asdf	Coalition, State	Business / Labor	Survivor serving	New, acquired during this reporting period	Yes	asdf	saf	Actions

Collapse

Is there anything else we should know about your partnership and collaboration efforts?

Is there anything else we should know about your partnership and collaboration efforts?

0/1000

+ Add Collapse Export CSV Columns Search

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	Actions
Space	asdf	asdf	asdf	Actions

Collapse

Is there anything else we should know about resources?

Is there anything else we should know about resources?

0/1000

**Table: Partners**

What partners did you engage in the State Action Plan work during the reporting period? Describe the partner, sector, whether new partner or existing, role, and impact on your efforts and sustainability planning. ✕  
\*\*\*Do not report implementing organizations here\*\*\*

<b>Name of Organization</b>	<input type="text" value="Name of Organization"/>	
	0/500	
<b>Type of Organization</b>	<input type="text" value="Select One"/>	
<b>Sector</b>	<input type="text" value="Select One"/>	
<b>Special Focus / Emphasis of the Organization</b>	<input type="text" value="Select One"/>	
<b>Partner Status</b>	<input type="text" value="Select One"/>	
<b>Do you provide RPE funding to this partner?</b>	<input type="text" value="Select One"/>	
<b>How is this partner engaged in the state SV prevention work?</b>	<input type="text" value="How is this partner engaged in the state SV prevention work?"/>	
	0/500	
<b>Comments</b>	<input type="text" value="Comments"/>	
	0/500	

Table: Resources

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

Type of Resource: Select One

Description of Resources obtained or used: Description of Resources obtained or used (0/500)

How did it improve your state's prevention efforts?: How did it improve your state's prevention efforts? (0/500)

Comments: Comments (0/500)

Close Save

SECTION: Data Use



State Action Plan : Data and Data Use

Funding Opportunity: Rape Prevention and Education (1902)  
 Organization Name: A.B.C  
 Submission Name: SAP

Reporting Year: FY 2019  
 Form Set Name: Annual Performance Report 2019

What new data sources did you use during the reporting period?

Description of data source obtained or used	Data Source Owner (where obtained)	Address health disparities	Select population of focus (Data Driven Population of Focus)	Select prevention strategies (Data Driven Prevention Strategy)	Select sub-recipients (Data Driven Sub-Recipients)	For what other purpose, if any, did you use this data?	Describe any barriers or challenges you encounter in accessing this data source.	Actions
asdf	asdf	Yes	No	No	No	asfd	sdaf	Actions

Is there anything else we should know about data sources used/obtained and data use?

Is there anything else we should know about data sources used/obtained and data use?

0/1000

Table: Data Sources Used

What new data sources did you use during the reporting period?

**Description of data source obtained or used**

Description of data source obtained or used

0/500

**Data Source Owner (where obtained)**

Data Source Owner (where obtained)

0/500

**Which of the following did you use this data source to do?**

Address health disparities

Select population of focus (Data Driven Population of Focus)

Select prevention strategies (Data Driven Prevention Strategy)

Select sub-recipients (Data Driven Sub-Recipients)

**For what other purpose, if any, did you use this data?**

For what other purpose, if any, did you use this data?

0/500

**Describe any barriers or challenges you encounter in accessing this data source.**

Describe any barriers or challenges you encounter in accessing this data source.

0/500

Close Save

## Form: Coalition Building and Community Mobilization



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### Rape Prevention and Education (1902) : Coalition Building and Community Mobilization : Sections

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Section Name	Checked Out By	Last Edit Date
Coalition Building and Community Mobilization		

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## SECTION: Coalition Building and Community Mobilization



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### Coalition Building and Community Mobilization : Coalition Building and Community Mobilization

<b>Funding Opportunity</b> Rape Prevention and Education (1902)	<b>Reporting Year</b> FY 2019
<b>Organization Name</b> A.B.C	<b>Form Set Name</b> Annual Performance Report 2019
<b>Submission Name</b> mob	

[Collapse](#) [Delete](#)

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[Collapse](#)

**Description**

**What is the name of the coalition building or community mobilization effort? \***

**Briefly describe the coalition or community mobilization effort. \***

**What is the purpose or role of the coalition or community mobilization?**

- Collect and organize data
- Conduct needs assessments
- Train community members
- Leverage funds from sources other than RPE
- Leverage resources other than funding (e.g., personnel, space, supplies)

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**^ Collapse**

What is the purpose or role of the coalition or community mobilization?

- Collect and organize data
- Conduct needs assessments
- Train community members
- Leverage funds from sources other than RPE
- Leverage resources other than funding (e.g., personnel, space, supplies)
- Plan or implement prevention interventions
- Ensure that RPE-funded prevention interventions address issues related to cultural competence
- Plan or implement process or outcome evaluations of prevention interventions
- Educate others about needed changes in policy at the organizational, local, or State/tribal/jurisdiction level
- Other

**Briefly describe the purpose or role. \***

Briefly describe the purpose or role.

**0/500**

---

**^ Collapse**

**Implementers**

**Provide a brief description about the implementers of this coalition building or community mobilization effort. \***

Provide a brief description about the implementers of this coalition building or community mobilization effort.

**0/1000**

**How many implementers were involved in the coalition building or community mobilization effort during Year 1? \***

Enter a Number

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[^ Collapse](#)

**Implementers**  
Provide a brief description about the implementers of this coalition building or community mobilization effort. \*

Provide a brief description about the implementers of this coalition building or community mobilization effort.

0/1000

How many implementers were involved in the coalition building or community mobilization effort during Year 1? \*

Enter a Number

[+ Add](#) [^ Collapse](#)

**Implementation Progress**

Activity Type	Description of Activity	Purpose	Number of Activities Completed	Actions
---------------	-------------------------	---------	--------------------------------	---------

Were there any changes to the coalition building or community mobilization during this reporting period?

Select One ▼

Is there anything else we should know about this coalition building or community mobilization effort?

Is there anything else we should know about this coalition building or community mobilization effort?

0/1000

[+ Add Coalition Building Effort](#)

[⌂ Back to Sections](#) [💾 Save](#) [✔ Save and Check-in](#)



*Table: Implementation Progress*

Implementation Progress ✕

**Activity Type**  🔒

**Description of Activity**  🔒 0/500

**Purpose**  🔒 0/500

**Number of Activities Completed**  🔒

Close Save

uilding or community mobilization during this reporting period?

## Form: Prevention Strategy

### Rape Prevention and Education (1902) : Prevention Strategy : Sections

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Section Name	Checked Out By	Last Edit Date	
Background, Program, Policy, or Practice			<a href="#">Actions</a>
Population of Focus and Reach			<a href="#">Actions</a>
Risk and Protective Factors and Violence Outcomes			<a href="#">Actions</a>
Adaptation			<a href="#">Actions</a>
Implementation Measures			<a href="#">Actions</a>
Program, Policy, or Practice Resources			<a href="#">Actions</a>

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### SECTION: Background and Program, Policy, or Practice Description



#### Prevention Strategy : Background, Program, Policy, or Practice

<b>Funding Opportunity</b> Rape Prevention and Education (1902)	<b>Reporting Year</b> FY 2019
<b>Organization Name</b> A.B.C	<b>Form Set Name</b> Annual Performance Report 2019
<b>Submission Name</b> Coaching Boys into Men	

**What is the name of the implementing organization? \***

0/200

**Background:**

**Name of Program, Policy, or Practice**

▼

**Program, Policy, or Practice:**

**Briefly describe the program, policy, or practice**

0/1000

**Which STOP SV approach does this program, policy, or practice address?**

▼

**Explain how this program, policy, or practice aligns or addresses the STOP SV approach selected.**

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0/1000

What is the main way this program, policy, or practice is delivered?  
Delivery Method

Select One

Description

Description

0/1000

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

Select One

Focus

Select One

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

\*

Select One

Description \*

Description

0/1000

What are the reasons for selecting this prevention strategy? \*

What are the reasons for selecting this prevention strategy?

0/1000

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

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### Essential Elements

Describe the essential content, delivery, and implementer characteristics of this prevention strategy. Please refer to resources on estimating essential elements.

#### What (Essential Content)

What (Essential Content)

0/1000

#### How (Essential Delivery)

How (Essential Delivery)

0/1000

#### Who (Essential Implementer's Characteristics)

Who (Essential Implementer's Characteristics)

0/1000

#### Is there anything else we should know about the program, policy, or practice's essential elements?

Is there anything else we should know about the program, policy, or practice's essential elements?

0/1000

### Changes

Were there any changes to the program, policy, or practice during this reporting period

---

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

**Who (Essential Implementer's Characteristics)**

Who (Essential Implementer's Characteristics)

**Is there anything else we should know about the program, policy, or practice's essential elements?**


**Changes**

Were there any changes to the program, policy, or practice during this reporting period

Select One

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## SECTION: Population of Focus and Reach



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**Prevention Strategy** : Population of Focus and Reach

**Funding Opportunity**  
 Rape Prevention and Education (1902)  
**Organization Name**  
 A.B.C.  
**Submission Name**  
 Coaching Boys into Men

**Reporting Year**  
 FY 2019  
**Form Set Name**  
 Annual Performance Report 2019

**Population of Focus**

Provide a narrative description of the population and setting of focus for this program, policy, or practice

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? \***

Why was this population or setting selected and how is the program, policy, or practice appropriate for the selected population or setting?

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

Is there a specific community or population you are focusing on?

- |   |  |   |
|---|--|---|
| <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"/> 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"/> 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)                 |
| <input type="checkbox"/> Other (not listed)                   | <input type="checkbox"/> Other (not listed)                    | <input type="checkbox"/> Other (not listed)                 |
| <input type="checkbox"/> Other (not listed)                   |  |   |

Please indicate the types of individual or organization that you are focusing on and for whom you intend to affect. Selected items should match the narrative description provided above.

Types of Individual

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Students                | <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)       |

Types of Organization

- |  |  |  |
|--|--|--|
| <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)      |

Types of Community

- |   |   |  |
|---|---|--|
| <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) |  |

Were there any changes to the population and setting of focus during this reporting period?

Select One ▼

Is there anything else we should know about the population and setting of focus?

Is there anything else we should know about the population and setting of focus?

Reach

Number of Individuals Reached

Enter a Number

Possible Number of Individuals that can be Reached

Enter a Number

Number of Organizations Reached

Enter a Number

Possible Number of Organizations that can be Reached

Enter a Number

Number of Communities Reached

Enter a Number

Possible Number of Communities that can be Reached

Enter a Number

Is there anything else we should know about the population and setting of focus reached?

Is there anything else we should know about the population and setting of focus reached?

0/1000

-

**SECTION: Risk and Protective Factors and Violence Outcomes**



Prevention Strategy : Risk and Protective Factors and Violence Outcomes

Funding Opportunity  
Rape Prevention and Education (1902)  
Organization Name  
A.B.C  
Submission Name  
Coaching Boys into Men

Reporting Year  
FY 2019  
Form Set Name  
Annual Performance Report 2019

Provide a narrative description of the outcomes and risk and protective factors that is the policy, program, or practice intend to affect change.

Provide a narrative description of the outcomes and risk and protective factors that is the policy, program, or practice intend to affect change.

0/1000

What risk and protective factors does this program, policy, or practice address?

Individual 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)                  |  |

Individual 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)   |

Relationship Risk Factors

- |   |  |  |
|---|--|--|
| <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, hypermasuline, and delinquent peers | <input type="checkbox"/> Involvement in a violent or abusive intimate relationship |
| <input type="checkbox"/> Other (not listed)   |  |  |

Relationship Protective Factors

- |   |   |  |
|---|---|--|
| <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)           |  |

Community Risk Factors

- |  |  |  |
|--|--|--|
| <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)  |

Community Protective Factors

- |  |   |   |
|--|---|---|
| <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)                              |   |   |

Societal Risk Factors

- |  |  |   |
|--|--|---|
| <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)   |

Societal Protective Factors

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Societal norms that violence is unacceptable | <input type="checkbox"/> Other (not listed) | <input type="checkbox"/> Other (not listed) |
| <input type="checkbox"/> Other (not listed)                           | <input type="checkbox"/> Other (not listed) |   |

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

What type(s) of violence and injury outcomes does this program, policy, or practice address?

- |  |  |  |
|--|--|--|
| <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)      |  |

How does this program, policy, or practice address those risk and protective factors among the population of focus? \*

How does this program, policy, or practice address those risk and protective factors among the population of focus?

0/1000

Is there anything else we should know about the risk and protective factors and violence outcomes? \*

Is there anything else we should know about the risk and protective factors and violence outcomes?

0/1000

Were there any changes to the risk and protective factors and violence outcomes during this reporting period? \*

Select One

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1600 Clifton Road Atlanta, GA 30329-4027  
USA  
800-CDC-INFO (800-232-4636)  
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## SECTION: Adaptation



### Prevention Strategy : Adaptation

Funding Opportunity  
Rape Prevention and Education (1902)  
Organization Name  
A.B.C  
Submission Name  
Coaching Boys into Men

Reporting Year  
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Form Set Name  
Annual Performance Report 2019

What adaptations to the essential elements of the program, policy, or practice did you plan to make or have made during implementation?

[Collapse](#) [Delete](#)

**Description of Adaptation \***

Description of Adaptation

0/1000

**Essential Element ⓘ \***

Select One

**Type of Adaptation \***

Select One

**Reason for Adaptation**

To increase relevancy of material and participant understanding  To increase participant participation  To create or maintain relationships with participants

To respond to limited time and resources  Other (not listed)

**Describe the reason for this adaptation. \***

Describe the reason for this adaptation.

0/500

**Impact of Adaptation on Essential Elements ⓘ \***

Impact of Adaptation on Essential Elements

0/500

**Adaptation Made ⓘ \***

Select One

**Result of Adaptation ⓘ \***

Result of Adaptation

0/500

**Plan for this Adaptation in Future Implementation Cycles \***

Select One

**Resources Needed**

Resources Needed

0/500

**Describe how you plan to track and monitor this adaptation**

Describe how you plan to track and monitor this adaptation

0/500

**Is there anything else we should know about this adaptation?**

Is there anything else we should know about this adaptation?

**Adaptation Made**  ⓘ \*  
 Select One ▼

**Result of Adaptation**  ⓘ \*  
 Result of Adaptation  0/500

**Plan for this Adaptation in Future Implementation Cycles**  \*  
 Select One ▼

**Resources Needed**  
 Resources Needed  0/500

**Describe how you plan to track and monitor this adaptation**  
 Describe how you plan to track and monitor this adaptation  0/500

**Is there anything else we should know about this adaptation?**  
 Is there anything else we should know about this adaptation?  0/1000

[+ Add Adaptation](#)

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## SECTION: Implementation Measures

Funding Opportunity  
 Rape Prevention and Education (1902)  
 Organization Name  
 A.B.C  
 Submission Name  
 Coaching Boys into Men

Reporting Year  
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### Implementers

Provide a brief description about the implementers of this program, policy, or practice

Provide a brief description about the implementers of this program, policy, or practice.  0/1000

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

Enter a Number

[+ Add](#) [Collapse](#)

Activity Type	Description of Activity	Purpose	Number of Activities Completed	Actions

Is there anything else we should know about the implementation of this program, policy, or practice?

Is there anything else we should know about the implementation of this program, policy, or practice?  0/1000

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*Table: Implementation Activity*

✕

**Activity Type**  🔒

**Description of Activity**  🔒

0/500

**Purpose**  🔒

0/500

**Number of Activities Completed**  🔒

Close
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**SECTION: Program, Policy, or Practice Resources**

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**Prevention Strategy** : Program, Policy, or Practice Resources

<p><b>Funding Opportunity</b> Rape Prevention and Education (1902)</p> <p><b>Organization Name</b> A.B.C.</p> <p><b>Submission Name</b> Coaching Boys into Men</p>	<p><b>Reporting Year</b> FY 2019</p> <p><b>Form Set Name</b> Annual Performance Report 2019</p>
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How much of this program, policy, or practice was funded by RPE?

-

Please describe the sector of those partners.

<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):

In what ways, did partners contribute?

<input type="checkbox"/> Funding:	<input type="checkbox"/> Resources:	<input type="checkbox"/> Staffing:
<input type="checkbox"/> Other (not listed):		

**Notes**

-

Is there anything else we should know about the implementing organization and the resources for this program, policy, or practice?

-

Were there any changes to contributing partners during this reporting period?

-

🏠 Back to Sections

**Form: Evaluation**

This form is not required in Year 1, and therefore not yet developed, and will not be shown in the DVP Partners Portal in Year 1.