**Annual Reporting of the Rape Prevention and Education (RPE) Program: CE19-1902 Cooperative Agreement**

Form Approved

OMB NO: 0920-1286

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**Note:** Here is the color legend for carrying info forward for rest of the project years. All required except where noted as optional/conditionally required.

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| --- | --- | --- | --- | --- |
| **Color Legend** | **Populated, Not Editable** | **Populated, Editable** | **Not Populated, Required** | **Not Populated, Optional or Conditionally Required** |

# Work Plan Form

*Recipients report on progress towards their work plan goals, objectives, and milestones. Recipients can add up to 3 additional goals (max 8 goals) and have no more than 5 objectives per goal. You can add as many milestones to each objective as you’d like. Character limit counts include space.*

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| --- | --- |
| **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 |

## Goal #. Statement

| **Objective #.#** | | **Start Date** | **End Date** | **Progress Status**  **(Reporting Period)** | **Progress Notes** | **Continuation Status**  **(New Budget Period)** | **Continuation Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Text (Character Limit: 500)  Objective statement | | Date MM/DD/YY | Date MM/DD/YY | Drop Down  Completed  On track  Delayed  Planned  Discontinued | Text (Character Limit: 500)  Provide reasons for delayed or discontinued work, *Conditionally Required* | Drop Down  New  Continuing  Repeating  Revising  Discontinuing  Achieved | Text (Character Limit: 500)  Provide reasons for redirecting/revising, *Conditionally Required* |
| **Key Milestone** | **Key Activities** | **Start Date** | **End Date** | **Progress Status**  **(Reporting Period)** | **Progress Notes** | **Continuation Status**  **(New Budget Period)** | **Continuation Notes** |
| Text (Character Limit: 1000)  Milestone | Text (Character Limit: 1000)  Activities | Date MM/DD/YY | Date MM/DD/YY | Drop Down  Completed  On track  Delayed  Planned  Discontinued | Text (Character Limit: 500)  Provide reasons for delayed or discontinued work, *Conditionally Required* | Drop Down  New  Continuing  Repeating  Revising  Discontinuing  Achieved | Text (Character Limit: 500)  Provide reasons for redirecting/revising, *Conditionally Required* |

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| **Is there anything else we should know about this objective?** |
| (Character Limit: 1000) Optional |

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| **Is there anything else we should know about this goal?** |
| (Character Limit: 1000) Optional |

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| **Progress Status** | **What progress did you make so far during the reporting on this item?** |
| Completed | All work is completed. |
| On Track | Work is in progress and is on track. |
| Delayed | Work has some delays. |
| Planned | Work is planned and has not yet started during the reporting period. |
| Discontinued | Work has been stopped and discontinued. |
| **Continuation Status** | **What do you plan to do with this item in the next budget period?** |
| New | This work is new for the next budget period. |
| Continuing | Work began in a previous budget period and will continue in the next budget period. |
| Revising | Focus will change; aspects of the work will change for the next budget period. |
| Discontinuing | Work is stopping and being discontinued for the next budget period. |
| Achieved | Work is achieved; no plans for next budget period |

# Barriers, Facilitators, and Successes Form

## SECTION: Barriers Encountered

*Each row should be a distinct barrier type.*

| **Barrier Type** | **Describe the barrier and how it impacts your work.** | **NOFO Component** | **What actions were taken or would be helpful to address the barrier?** | **What resources are used or would be helpful to address the barrier?** | **Is this a barrier during this reporting period?** | **Do you anticipate this barrier for the next budget period?** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Dropdown with Open Response  Lack of Buy-in from partners/stakeholders  Insufficient funding or resources  Inability to access/collect data  Implementation issues  Staffing issues (e.g., turnover)  Inadequate training  Evaluation Capacity  Other (not listed): specify (Character Limit: 100)  No barriers encountered | Text (Character Limit: 2000)  Concisely describe the barrier.  Describe how the barrier has/may affect your efforts. In other words, how will it affect your efforts if actions were not in place to try to overcome it? | Multiple responses with other response  Work Plan  State Action Plan  Prevention Strategy  Evaluation  Partnership  Training and TA provided to others  Other (not listed): specify (Character Limit: 100) | Text (Character Limit: 2000)  Describe what action steps or resolutions were used or are planned to overcome it. | Text (Character Limit: 2000)  Describe resources used or needed to overcome the barrier. | Drop Down  Yes  No | Drop Down  Yes  No | Text (Character Limit: 500)  Optional |

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## SECTION: Facilitators Encountered

*Each row should be a distinct facilitator type.*

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| **Facilitator Type** | **Describe the facilitator and how it impacts your work.** | **What resources did you use?** | **NOFO Component** | **Is this a facilitator during this reporting period?** | **Comments** |
| Dropdown with Open Response  Strong partners/stakeholders  Connection to community  Access to funding or resources  Access to data  Strong implementation  Adequate, experienced staff  Access to training  Other (not listed), specify: (Character Limit: 100)  No facilitators encountered | Text (Character Limit: 2000)  Concisely describe a facilitator that supports and helps you achieve and be successful.  Describe how this facilitator was leveraged for your efforts, and what would have happened if you did not have this facilitator. | Text (Character Limit: 2000) | Multiple responses with other response  Work Plan  State Action Plan  Prevention Strategy  Evaluation  Partnership  Training and TA provided to others  Other (not listed): specify (Character Limit: 100) | Drop Down  Yes  No | Text (Character Limit: 500)  Optional |

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## SECTION: Successes

*Add as many successes and accomplishments as you would like.*

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| **What specific successes and accomplishments have you made during this reporting period?** |
| Text (Character limit: 8000)  Describe specific accomplishments and successes made during the reporting period. |

# Training and Technical Assistance Form

*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: Participation in CDC-sponsored Training and Technical Assistance

|  |
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| **Which CDC-sponsored training and TA activities have you participated in during the reporting period?** |
| Multiple response with other and items that require further response  Annual RPE Recipient Meeting in Atlanta  Regional RPE Training: specify (Character Limit: 200)  CDC site visit  E-Learning Collaborative (Prevent Connect): specify (Character Limit: 200)  State-specific training or TA: specify (Character Limit: 200)  Training or TA from National Sexual Violence Resource Center (NSVRC): specify (Character Limit: 200)  Training or TA from Violence Prevention TA Center (VPTAC): specify (Character Limit: 200)  CDC Virtual Office Hours: specify (Character Limit: 200)  CDC Webinar: specify (Character Limit: 200)  <<insert additional CDC opportunities>>  Other (not listed): specify (Character Limit: 200) |
| **Is there anything else we should know about CDC-provided training and TA that you received?** |
| (Character Limit: 1000)  Optional |

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

*(includes TTA provided by sub-recipients)*

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

*Each training and TA have a distinct purpose. If 1-1 TA sessions have the same purpose, then report them as a set in one row*

| **Name of Training or TA Topic** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Text (Character Limit: 100)  Provide name of the training or TA | | | | | | |
| **Method of Training or TA** | **What is the purpose of the training or TA?** | | **Is this a one-time or multi-session training or TA?** | **Describe the participants of the training or TA** | | **What resources were provided to participants?** |
| Dropdown with Open Response  Online Resource (Self Study)  Webinar  One-on-One TA  Peer-to-Peer Sharing  Conference or Summit  In-Person Skill-Building Workshop  Workgroup  Conference call or meeting  Other (not listed): specify (Character Limit: 100)  Multiple Methods: specify  (Character Limit: 200) | Text (Character Limit: 2000)  Concisely describe the purpose of the training or TA | | Drop Down  One-time  Multiple sessions  N/A | Text (Character Limit: 2000)  Concisely describe the participants of the training or TA | | Text (Character Limit: 2000)  Concisely describe the resources provided to the participants |
| **Total Number of Individuals Trained** | | **Total Number of Organizations Participated** | | | **Total Number of Trainings or TA Delivered** | |
| Integer | | Integer | | | Integer | |

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| **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 (Character Limit: 1000)  Optional |

# Form: Continuation Narrative

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

### ***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 (Character Limit: 8000) |

### Implementation of Prevention Strategies

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| --- |
| **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 (Character Limit: 8000) |

### 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 (Character Limit: 8000) |

### Needed Resources

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| **What additional tools/resources do you need to accomplish the proposed planned activities for the next budget period?** |
| Text (Character Limit: 8000) |

### Technical Assistance

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| **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 (Character Limit:8000) |

# 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

**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.** *Each row is a distinct State Action Plan Component.*

|  |  |  |  |
| --- | --- | --- | --- |
| **State Action Plan Required Components** | **Describe the Change** | **Describe the reason for the change** | **How does this change impact your overarching work?** |
| Dropdown with Open Response  No changes  Approach or Strategy  Stakeholder/Partner  State/local collaboration  Resources/Funding  Training/Technical Assistance  Sustainability  Health Disparities/Population of Interest  Other (not listed): specify (Character Limit: 100) | Text (Character Limit: 500) | Text (Character Limit: 1000) | Text (Character Limit: 1000). |

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#### Table: 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.**

*Each row is a distinct State Action Plan Component.*

| **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  Addressing Health Disparities  Training/Technical Assistance  Capacity-Building Support to Unfunded Organizations  Strategy Implementation  Evaluation & Data Use Capacity  Public/Private Partnership  Other (not listed): specify (Character Limit: 100) | Text (Character Limit: 2000)  Concisely describe the accomplishments made to this State Action Plan component. | Text (Character Limit: 2000)  Concisely describe how these accomplishments help your overall prevention efforts in the state. | Text (Character Limit: 2000)  Concisely describe any planned activities related to this State Action Plan component in the next year. | Text (Character Limit: 1000)  Concisely describe any needed resources to carry out and achieve those planned activities. | Text (Character Limit: 500)  Optional  Provide any additional information, if any not already captured about the State Action Plan component in this optional text field. |

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

## SECTION: Partnership and Resources

### Partnership

**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.** *Each item is a distinct partner.*

| **Name of the Organization** | | | |
| --- | --- | --- | --- |
| Text (Character Limit: 500) Provide the name of the partner organization.  If the organization is an implementing organization, make sure the name matches with the name provided in the Prevention Strategy Form. | | | |
| **Type of Organization** | **Sector** | | **Special Focus/Emphasis of the Organization** |
| Dropdown with Open Response  Coalition, State  Coalition, Local  Community-based Organization  College or University  For-Profit Organization (e.g., businesses)  Health care facility (e.g., health clinic, hospital)  Local Health department  State Health department  Non-governmental organizations  Rape Crisis Center  School  School District  Other Local Government Agency  Other State Government Agency  Other (not listed): Specify (Character Limit: 100) | Dropdown with Open Response  Business/Labor  Education  Justice  Health Services  Housing  Media  Public Health  Social Services  Government (Federal, State, County, Local)  Community Organizations  Other (not listed): Specify (Character Limit: 100) | | Dropdown with Open Response  Survivor serving  Tribal serving  Culturally relevant  Youth serving  LGBTQ serving  Military or Veteran serving  Disability serving  Research and/or evaluation  Community services and/or prevention  Healthcare or health services  Students and/or campus  Children  None  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** |
| Drop Down  New, acquired during this reporting period  Existing partner/stakeholder  Re-engaged partner/stakeholder  Increased engagement  No longer a partner/stakeholder | Drop Down  Yes  No | Text (Character Limit: 1000)  Concisely describe how this partner is engaged in the state sexual violence prevention efforts. | Text (Character Limit: 500)  Optional  Provide any additional information, if any not already captured about the partner in this optional text field. |

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

### Resources

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

*Each row should be a distinct resource type.*

| **Type of Resource** | **Description of resources obtained or used** | **How did it improve your state’s prevention efforts?** | **Did you use this resource during this reporting period?** | **Comments** |
| --- | --- | --- | --- | --- |
| Dropdown with Open Response  Funding  Staffing  Tools for SV Prevention  Space  Other (not listed): Specify (Character Limit: 100) | Text (Character Limit:1000)  Concisely describe the resource that was used or obtained during this reporting period. | Text (Character Limit: 1000)  Concisely describe how this resource improved your overall prevention efforts in the state. | Drop Down  Yes  No | Text (Character Limit: 500)  Optional  Provide any additional information, if any not already captured about the resource in this optional text field. |

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

## SECTION: Data Use

**What data have you used to select populations of focus, sub-recipients, select prevention strategies, and address health disparities during this reporting period?**

| **What data have you used to…?** | **Data Source Type** | **Description of data source obtained or used to do?** | **Data Collector** | **Describe any barriers or challenges you encounter in accessing this data source.** |
| --- | --- | --- | --- | --- |
| Drop Down  Select population of focus (Data Driven Population of Focus)  Select prevention strategies (Data Driven Prevention Strategy)  Select sub-recipients (Data Driven Sub-Recipients)  Address health disparities | Dropdown with Open Response  Needs Assessment  Surveillance data  Police data  Hospital data  Surveys  Interviews  Focus groups  Administrative data  Hospital data  Other (not listed): specify (Character Limit: 100) | Text (Character Limit: 500)  Concisely describe the data source that was used or obtained during this reporting period. | Text (Character Limit: 500)  Concisely describe who collects the data or from where the data were obtained. | Text (Character Limit: 500)  Concisely describe any barriers or challenges encountered in accessing this data source. |

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

# Form: Coalition Building

*Recipients report on any of their coalition building efforts during the reporting period. Report on each coalition building effort that each implementing organization implements.*

|  |  |
| --- | --- |
| **Were there any changes to the coalition building during this reporting period? If yes, explain:** | |
| Drop Down  Yes  No | Text (Character Limit: 2000) If yes, explain |

### Coalition Building

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| --- |
| **What is the name of the coalition building effort?** |
| Text (Character Limit: 200)  Provide a succinct yet informative name for this coalition building effort. |

### Description

|  |
| --- |
| **Briefly describe the coalition building.** |
| Text (Character Limit: 1000) |

|  |  |
| --- | --- |
| **What is the purpose or role of the coalition building?** | **Briefly describe the purpose or role. What are the goals of the coalition building? What change do you intend to make?** |
| Dropdown with Open Response  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  Implement community/societal strategies  Other (not listed): Specify (Character Limit: 100) | Text (Character Limit: 2000)  Concisely describe the coalition building effort. What is intended to be accomplished by this effort? |

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| **Implementers: Provide a brief description who is involved in the coalition building effort.** |
| Text (Character Limit: 500)  Concisely describe the implementers of the coalition building. Who is involved in ensuring the efforts are carried out? |
| **How many implementers implement the coalition building?** |
| Integer: Provide the number of individuals who are the implementers for this effort during the reporting period. |

### Implementation Progress

Report on activities that demonstrate progress on this effort (e.g., dose delivery).

*To add, copy and paste the row. Each row should be a distinct activity type.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity Type** | **Description of Activity** | **Purpose** | **Number of Activities Completed** | **Comments** |
| Dropdown with Open Response  Educational sessions  Training sessions  Projects  Ads  Web/Social Media Postings  Text messages or emails  Presentations  Print materials  Meetings  Other (not listed): specify (Character Limit: 100) | Text (Character Limit: 2000)  Concisely describe the activity and how this demonstrate progress on the coalition building or community mobilization implementation. | Text (Character Limit: 2000)  Concisely describe how the activity serves and relates to the coalition building or community mobilization effort. | Integer:  Report on the number of activities completed during the reporting period (e.g., number of educational sessions delivered). | Text (Character Limit: 500)  Optional  Any additional information you would like us to know |

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| **Is there anything else we should know about this coalition building?** |
| Text (Character Limit: 1000)  Optional |

# Prevention Strategy Form

*This form collects information about the prevention strategies and approaches being implemented, and their implementation measures and progress (e.g., reach, delivery). Report on each program, policy, or practice that each implementing organization implements.*

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

|  |  |
| --- | --- |
| **Were there any changes to the program, policy, or practice during this reporting period? If yes, explain:** | |
| Drop Down  Yes  No | Text (Character Limit: 2000) If yes, explain |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Program, Policy, or Practice** | | | |
| Dropdown with Open Response  Adequate Work Supports  Alcohol Policies  Bringing in the Bystander  Child Sexual Abuse program  Coaching Boys into Men  Comparable Worth Policies  Council for Boys and Young Men  CPTED  Dating Matters  Enhanced Assess, Acknowledge, Act  Expect Respect  Fourth R  Girls Circle  Green Dot | | Men of Strength Clubs  Microfinance  Powerful Voices  Proactive Sexual Harassment Prevention Policies and Procedures  Real Consent  Safe Dates  Safer Choices  Second Step  Shifting Boundaries Building-Level Intervention  Strong African American Families – SAAF  Other (not listed): specify (Character Limit: 100) | |
| **Briefly describe the program, policy, or practice.** | | | |
| Text (Character Limit: 2000)  The description should explain clearly to someone who is not familiar with the prevention strategy: what the prevention strategy is, what it intends to do, how it is being implemented locally or in your State/Territory, and where the prevention strategy will occur (the setting). | | | |
| **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.** |
| Dropdown with Open Response  Bystander approaches  Mobilizing men and boys as allies  Social-emotional learning  Teach healthy, safe dating and intimate relationship skills to adolescents  Promoting healthy sexuality  Empowerment-based training  Strengthening economic supports for women and families  Strengthening leadership and opportunities for girls  Improving safety and monitoring in schools  Establishing and consistently applying workplace policies  Addressing community-level risks through environmental approaches  Other (not listed): specify the STOP SV strategy with which this best address (Character Limit: 100) | | | Text (Character Limit: 2000)  Concisely explain how the program, policy, or practice aligns with or addresses the selected STOP SV approach. See the STOP SV technical package for description of the approaches for each STOP SV strategy. |
| **What is the main way this program, policy, or practice is delivered?** | | | |
| **Delivery Method** | **Description** | | |
| Dropdown with Open Response  Educational curriculum  Social marketing  Social media campaign  Built environment change  Organizational policy change  Policy education or implementation  Community mobilization  Other (not listed): specify (Character Limit: 100) | Text (Character Limit: 2000)  Concisely describe the way that the program, policy, or practice is delivered. How does it bring about immediate changes? What methods or principles does it use? The description and the selected category should align with each other. | | |
| **If your response to the previous question indicated community mobilization, please further describe what is the focus of the community mobilization effort? If it was a program or practice, skip this question.** | | | |
| Text (Character Limit: 2000) | | | |
| **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  Policy  Local ordinance  Procedure  Administrative action  Incentive  Organizational contract  Rule/regulation  Other (not listed): specify (Character Limit: 100) | Dropdown with Open Response  Climate and safety  Sexual harassment  Alcohol  Comparable worth/Pay equity  Paid leave  Housing  Trauma informed  Family friendly workplace  Other (not listed): specify (Character Limit: 100) |

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| **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  Example approach listed in the technical package  Based on best available research evidence  Based on practice-based evidence  Other (not listed): specify (Character Limit: 100) | | Text (Character Limit: 2000)  Concisely describe the evidence (evaluations results, research outcomes, etc.) available for the effectiveness of the program, policy, or practice in addressing the identified sexual violence problem. What is the evidence to support that this strategy will address the SV problem identified in the population of focus? The description and the selected category should align with each other. |
| **What are the reasons for selecting this prevention strategy?** | | |
| Text (Character Limit: 2000) Concisely describe the reason for selecting this program, policy, or practice. What data led you to selecting it to address sexual violence problem in your community? | | |
| **If practice-based strategy, describe the essential content, delivery, and implementer characteristics of this prevention strategy.** | | |
| **What (Essential Content)** | Text (Character Limit: 5000) | |
| **How (Essential Delivery)** | Text (Character Limit: 5000) | |
| **Who (Essential Implementer’s Characteristics)** | Text (Character Limit: 5000) | |
| **How did you determine these essential elements? Why are these considered essential elements for this prevention strategy?** | | |
| Text (Character Limit: 5000) | | |
| **Is there anything else we should know about the program, policy, or practice’s essential elements?** | | |
| Text (Character Limit: 1000) Optional | | |

## SECTION: Population of Focus and Reach

|  |  |
| --- | --- |
| **Were there any changes to the population and setting of focus during this reporting period? If yes, explain:** | |
| Drop Down  Yes  No | Text (Character Limit: 2000) If yes, explain |

### 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 (Character Limit: 2000)  Concisely describe the population and setting of focus that the program, policy or practice intended to address or be implemented with. The description and the selected categories in the next questions should align with each other. | | | Text (Character Limit: 2000)  Concisely describe the reasons that the population and setting of focus was selected and the ways the selected program, policy, or practice are appropriate for them. What data led you to selecting them? How is the selected program, policy, or practice appropriate for the selected population and setting? | | |
| **Is there a specific community or population you are focusing on?** *(If the program, policy, or practice is focusing on a specific type of community or population, then select all categories that apply. If it does not have a specific or special emphasis, then select no)* | | | | | |
| No  If yes, multiple responses with other response: | | | | | |
| LGBTQ Communities  Homeless  Incarcerated or Formerly Incarcerated  Migrant Workers  Military  Poor or Economically Disadvantaged  People with Disabilities  Perpetrators of Crimes or Violence  Rural  Tribal Communities  Urban Communities  Veterans  Victims of Crimes or Violence  Vulnerable or At-Risk Population | | Adolescent  African American or Black Population  Asian Population  Children and Families  Elder  Foster Youths or Families  Hispanic or Latino Population  Immigrants or Refugees  Men and Boys  Pacific Islanders Population  Parents and Families  Single Parents  Women and Girls | | | Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)  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.***(Select the types of individuals, organizations, or communities that the program, policy, or practice intend to affect. The selected categories should align with the description.)* | | | | | |
| Multiple responses with other response: | | | | | |
| **Types of Individuals** | **Types of Organizations** | | | **Types of Communities** | |
| Students  Youths  Teachers/Professors  School Administrators  School Staff  Policy Makers  Parents  Healthcare Professionals  Mental Health Providers  Employees of an Organization  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)) | Schools or Universities  Governmental Agencies  Non-Government Agencies  Non-Profits  Businesses  Bars  Homes  Employers  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100) | | | School District  County  City  Census Tract/Zip Code  Commercial District  Neighborhood  Territory Area  Park and Recreational Area  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)  ) | |
| **Is there anything else we should know about the population and setting of focus?** | | | | | |
| Text (Character Limit: 1000)  Optional | | | | | |

### Reach

|  |  |
| --- | --- |
| **Actual Number of Individuals Reached** | **Possible Number of Individuals that can be Reached** |
| Integer: Enter the number of individuals from the population of focus affected by or exposed to the program, policy, or practice | Integer: Enter the number of possible individuals from the population of focus that could be affected by or exposed |

If implementing community/societal strategy, then also report reach for at least one of the following populations of focus:

|  |  |
| --- | --- |
| **Actual Number of Schools Reached** | **Possible Number of Schools that can be Reached** |
| Integer: Enter the number of Schools from the population of focus affected by or exposed to the program, policy, or practice | Integer: Enter the number of possible Schools from the population of focus that could be affected by or exposed |
| **Actual Number of Organizations Reached** | **Possible Number of Organizations that can be Reached** |
| Integer: Enter the number of organizations from the population of focus affected by or exposed to the program, policy, or practice | Integer: Enter the number of possible organizations from the population of focus that could be affected by or exposed |
| **Actual Number of Communities Reached** | **Possible Number of Communities that can be Reached** |
| Integer: Enter the number of communities from the population of focus affected by or exposed to the program, policy, or practice | Integer: Enter the number of possible communities from the population of focus that could be affected by or exposed |
| **Is there anything else we should know about the population and setting of focus reached?** | |
| Text (Character Limit: 1000) | |

## SECTION: Risk and Protective Factors and Violence Outcomes

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| **Were there any changes to the risk and protective factors and violence outcomes during this reporting period? If yes, explain:** | |
| Drop Down  Yes  No | Text (Character Limit: 2000) If yes, explain |

|  |  |  |  |
| --- | --- | --- | --- |
| **Provide a narrative description of the outcomes and risk and protective factors that is the policy, program, or practice intend to change.** | | | |
| Text (Character Limit: 2000)  Concisely describe risk and protective factors that the program, policy, or practice intend to directly affect. | | | |
| **What risk and protective factors does this program, policy, or practice address?** | | | |
| Multiple responses with other response: | | | |
| **Individual Risk Factors** | **Relationship Risk Factors** | **Community Risk Factors** | **Societal Risk Factors** |
| Alcohol and drug use  Delinquency  Lack of empathy  General aggressiveness and acceptance of violence  Early sexual initiation  Coercive sexual fantasies  Preference for impersonal sex and sexual risk taking  Exposure to sexually explicit media  Hostility towards women  Adherence to traditional gender role norms  Hyper-masculinity  Suicidal behavior  Prior sexual victimization or perpetration  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100) | Family environment characterized by physical violence and conflict  Childhood history of physical, sexual, or emotional abuse  Emotionally unsupportive family environment  Poor parent-child relationships, particularly with fathers  Association with sexually aggressive, hypermasculine, and delinquent peers  Involvement in a violent or abusive intimate relationship  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100) | Poverty  Lack of employment opportunities  Lack of institutional support from police and judicial system  General tolerance of sexual violence within the community  Weak community sanctions against sexual violence perpetrators  High alcohol outlet density  Diminished economic opportunities  Poor neighborhood or community support and cohesion  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100) | Societal norms that support sexual violence  Societal norms that support male superiority and sexual entitlement  Societal norms that maintain women’s inferiority and sexual submissiveness  Weak laws and policies related to sexual violence and gender equity  High levels of crime and other forms of violence  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100) |
| **Individual Protective Factors** | **Relationship Protective Factors** | **Community Protective Factors** | **Societal Protective Factors** |
| Parental use of reasoning to resolve family conflict  Emotional health and connectedness  Academic achievement  Empathy and concern for how one’s actions affect others  Skills in solving problems non-violently  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100) | Family support and connectedness  Connection to a caring adult  Association with pro-social peers  Connection/commitment to school  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100) | Neighborhood or Community support/connectedness  Access to mental and health services  Availability of safe and affordable housing and the ability of families to access housing assistance  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100) | Societal norms that violence is unacceptable  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100)  Other (not listed): specify (Character Limit: 100) |
| **What types of violence and injury outcomes does the program, policy, or practice directly address?** | | | |
| Multiple responses with other response:  Sexual Violence  Child Abuse and Neglect  Child Sexual Abuse  Human Trafficking  Youth Violence  Intimate Partner Violence  Teen Dating Violence  Suicide  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 (Character Limit: 2000)  Concisely describe how the program, policy, or practice addresses the selected risk and protective factors among the population of focus. How is the program, policy, or practice appropriate for the sexual violence problem identified among the selected population and setting of focus? | | | |
| **Is there anything else we should know about the risk and protective factors and violence outcomes?** | | | |
| Text (Character Limit: 1000)  Optional | | | |

## SECTION: Adaptation

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

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| **Description of Adaptation** |
| Text (Character Limit: 1000)  Concisely describe how the program, policy, or practice addresses the selected risk and protective factors among the population of focus. How is the program, policy, or practice appropriate for the sexual violence problem identified among the selected population and setting of focus? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Which element of the program did you change or adapt?** | **Type of Adaptation** | | **Reason for Adaptation** | | **Describe the reason for this adaptation.** |
| Drop Down  Content  Design element  Policy component  Delivery or method  Implementer | Dropdown with Open Response  Added content  Deleted content  Changed sequence of sessions  Modified delivery or method  Added policy component  Deleted policy component  Modified an environmental design element  Changed the type of recommended implementer  Other (not listed): specify (Character Limit: 100) | | Drop Down  To increase relevancy of material for participants  To increase participant participation  To create or maintain relationships with participants  To respond to limited time and resources  To respond to a resource, space or time limitation  To increase relevancy to or fit with context  To align with the implementer’s facilitation style  Other (not listed): specify (Character Limit: 100) | | Text (Character Limit: 2000)  Concisely describe what led to this adaptation and how the adaptation was decided. |
| **Was this adaptation made before or made during delivery?** | | **What was the result or impact of the adaptation?** | | **Plan for this Adaptation in Future Implementation Cycles** | **Is there anything else we should know about this adaptation?** |
| Drop Down  Made before implementation started  Made during implementation | | Text (Character Limit: 2000)  How did the adaptation affect implementation or uptake of the program, policy, or practice? How did the adaptation affect its effectiveness? | | Drop Down  Keep  Change  Omit  Adapt across sites  No plans | Text (Character Limit: 500)  Optional |

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| **What resources do you need to make and monitor these adaptations?** |
| Text (Character Limit: 2000)  Describe the resources needed make the adaptations and monitor them. |
| **How you plan to track and monitor these adaptations?** |
| Text (Character Limit: 2000)  Describe how the adaptations will be tracked and monitored. |

## SECTION: Implementation Measures

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| **Were there any changes to your implementation during this reporting period? If yes, explain:** | |
| Drop Down  Yes  No | Text (Character Limit: 2000) If yes, explain |

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| --- |
| **Provide a brief description about the implementers of this program, policy, or practice.** |
| Text (Character Limit: 1000)  Concisely describe the implementers of the program, policy, or practice. Who is involved in ensuring the efforts are carried out? |
| **How many implementers have been trained to deliver or implement the program, policy, or practice during Year #?** |
| Integer: Provide the number of individuals who are the implementers during the reporting period. |

### Implementation Progress

Report on activities that demonstrate progress on this effort (e.g., dose delivery).

*To add, copy and paste the row. Each row should be a distinct activity type.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity Type** | **Description of Activity** | **Purpose** | **Number of Activities Completed** | **Comments** |
| Dropdown with Open Response  Educational sessions  Training sessions  Projects  Ads  Web/Social Media Postings  Text messages or emails  Presentations  Print materials  Meetings  Other (not listed): specify (Character Limit: 100) | Text (Character Limit: 2000)  Concisely describe the activity and how this demonstrate progress on the coalition building or community mobilization implementation. | Text (Character Limit:2000)  Concisely describe how the activity serves and relates to the coalition building or community mobilization effort. | Integer:  Report on the number of activities completed during the reporting period. | Text (Character Limit: 500)  Optional  Any additional information you would like us to know |

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

## SECTION: Program, Policy, or Practice Resources

|  |  |
| --- | --- |
| **Were there any changes to your resources for this program, policy, or practice during this reporting period? If yes, explain:** | |
| Drop Down  Yes  No | Text (Character Limit: 1000) If yes, explain |

|  |
| --- |
| **How much of this program, policy, or practice was funded by RPE?** |
| Drop Down  Fully funded by RPE  Funded in part by RPE |

|  |
| --- |
| **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) Optional |

# Form: Evaluation

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

## SECTION: Evaluation Plan

### Table: Changes to Evaluation Plan

**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  No changes  Evaluation Design  Evaluation Question  Data Analysis, Synthesis, and Interpretation  Data Collection Method or Data Source  Measures and Indicators  Translation, Communication, and Dissemination  Evaluation Team  Other (not listed): specify (Character Limit: 100) | Text (Character Limit: 2000)  Concisely describe the change | Text (Character Limit: 2000)  Concisely describe the reason for the change | Text (Character Limit: 500)  Optional  Provide any additional information about this change that has not yet been captured. |

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### Analysis, Interpretation, and Synthesis

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| --- |
| **Please describe your approach to analyzing and summarizing your evaluation data including, primary focus of youryoru analysis, methods used to analyze data, staff and consultants who will work on analysis, and how you plan to report findings to stakeholders? How will evaluation data be analyzed, synthesized, interpreted?** |
| Text Area (Character Limit: 8000) |
| **Please describe your progress on analysis, interpretation, and synthesis during this reporting period** |
| Text Area (Character Limit: 5000) |

### Continuous Quality Improvement (CQI)

|  |
| --- |
| **Please describe your approach and methods to program improvement and facilitating use of data. Please include a description of 1) the process and plan for evaluation findings and how data will be used for CQI, 2) the process for engaging and promoting CQI among sub-recipients, and 3) methods for CQI and how lessons learned will be shared with sub-recipients.** |
| Text Area (Character Limit: 8000) |
| **Please describe your progress on CQI and facilitating use of data during this reporting period.** |
| Text Area (Character Limit: 5000) |

### Where in the evaluation do you need additional evaluation TA or help?

|  |  |
| --- | --- |
| **Components** | **Description** |
| Dropdown with Open Response  None  Evaluation Design  Evaluation Question  Data Analysis, Synthesis, and Interpretation  Data Collection Method or Data Source  Measures and Indicators  Translation, Communication, and Dissemination  Evaluation Team  Other (not listed): specify (Character Limit: 100) | Text (Character Limit: 2000)  Provide any additional information about this change that has not yet been captured. |

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## SECTION: Progress on Addressing Evaluation Questions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Evaluation Question** | **What progress have you made on this evaluation question? (e.g., data collected to date)** | **Summary of Findings (if available)** | **Planned Activities for Next Budget Year** | **Notes** |
| Drop Down  **Q1 Partnership**: To what extent has the state built or enhanced partnerships for SV prevention?  **Q2 Data Use:** To what extent has the recipient used data to select and prioritize the sub-recipients, the prevention strategies and approaches and the population of focus?  **Q3 Risk and Protective Factors:** To what extent have targeted risk and protective factors for SV outcomes changed at the state level?  **Q4 Implementation**: To what extent have selected prevention strategies been implemented in the state?  **Q5 Contextual Factors**: Which factors are critical for implementing selected prevention strategies and approached?  **Q6 Alignment:** To what extent are sub-recipient activities aligned with state level goals and outcomes stated in the state action plan and recipient work plan?  Other (not listed): specify (Character Limit: 250) | Text Area (Character Limit: 5000) | Text Area (Character Limit: 8000) | Text Area (Character Limit: 5000) | Text Area (Character Limit: 1000)  Optional |

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|  |
| --- |
| **Is there anything else we should know about the evaluation efforts during this reporting period?** |
| Text Area (Character Limit: 1000) Optional |

## SECTION: Indicators

### Risk and Protective Factors & Violence Outcomes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Description of Outcome** | **Risk and Protective Factor Category** | **Names of Prevention Strategy Being Implemented** | **Indicator** | **Data Source** | **Summary of Trends for the Outcome** | **Notes** |
| Text Area (Character Limit: 2000) | Drop Down  Knowledge, Skills, Attitudes  Behavior Change  Awareness  Caring Adults Connectedness  Community Connectedness  Economic stability  Equitable Access  Family Connectedness  Financial supports  Gender Norms  Neighborhood Environments  Organizational Climate/environment  Policies or procedures  Prosocial Peer Connectedness  School Connectedness  School environment/climate  Social Norms  Violence Victimization  Violence Perpetration  Other (not listed): specify (Character Limit: 100) | Text Area (Character Limit: 5000) | Text Area (Character Limit: 5000) | Text Area (Character Limit: 5000) | Text Area (Character Limit: 8000) | Text Area (Character Limit: 1000)  Optional |

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### Other (Optional)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description of Outcome** | **Names of Prevention Strategy or other Effort Being Implemented** | **Indicator** | **Data Source** | **Summary of Trends for the Outcome** | **Notes** |
| Text Area (Character Limit: 2000) | Text Area (Character Limit: 5000) | Text Area (Character Limit: 5000) | Text Area (Character Limit: 5000) | Text Area (Character Limit: 8000) | Text Area (Character Limit: 1000)  Optional |

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## SECTION: Translation, Communication, Dissemination

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| --- |
| **Please describe your approach to how you will translate evaluation findings into actionable and useful information, disseminate lessons learned, and facilitate use of data to advance program among recipients and sub-recipients and to advance the field? This may include considering your key audiences, types of products, and strategies used to communicate and disseminate them.** |
| Text Area (Character Limit: 8000) |

**Describe your progress on your translation, communication, and dissemination efforts and their impact or contribution to your state’s prevention efforts.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of Product** | **Product Type** | **How will you use this product in your work?** | **Primary Audiences** | **Audience Type** | **Impact & Contribution** | **To how many are you disseminating?** | |
| Text Area (Character Limit: 2000) | Checkbox with Open Response  Brief (e.g. Fact Sheet)  Communities of Practice  Conference  Email  Manuscript/Scientific Publication  Mass Media Campaign  Meeting  Newsletter  Report  Resource Guide  Social Media  Workshop/Training  Webinar  Press Release  Other (not listed): specify (Character Limit: 100) | Text Area (Character Limit: 2000) | Text Area (Character Limit: 2000) | Checkbox with Open Response  Funders  General Public  Implementers  Local/State Government  News/Press  Participants  Partners  Policymakers  Sexual Violence Field  Other (not listed): specify (Character Limit: 100) | Text Area (Character Limit: 5000) | Integer | **Unit**  Drop Down  Individuals  Groups or Organizations |

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