

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

Form Approved  
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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.

Color Legend	Populated, Not Editable	Populated, Editable	Not Populated, Required	Not Populated, Optional or Conditionally Required
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## 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.

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

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

**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 <input type="checkbox"/> Completed <input type="checkbox"/> On track <input type="checkbox"/> Delayed <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued	Text (Character Limit: 500) Provide reasons for delayed or discontinued work, <i>Conditionally Required</i>	Drop Down <input type="checkbox"/> New <input type="checkbox"/> Continuing <input type="checkbox"/> Repeating <input type="checkbox"/> Revising <input type="checkbox"/> Discontinuing <input type="checkbox"/> Achieved	Text (Character Limit: 500) Provide reasons for redirecting/revising, <i>Conditionally Required</i>
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 <input type="checkbox"/> Completed <input type="checkbox"/> On track <input type="checkbox"/> Delayed <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued	Text (Character Limit: 500) Provide reasons for delayed or discontinued work, <i>Conditionally Required</i>	Drop Down <input type="checkbox"/> New <input type="checkbox"/> Continuing <input type="checkbox"/> Repeating <input type="checkbox"/> Revising <input type="checkbox"/> Discontinuing <input type="checkbox"/> Achieved	Text (Character Limit: 500) Provide reasons for redirecting/revising, <i>Conditionally Required</i>

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<b>Is there anything else we should know about this objective?</b>
(Character Limit: 1000) <i>Optional</i>

[Button to add objectives](#)

<b>Is there anything else we should know about this goal?</b>
(Character Limit: 1000) <i>Optional</i>

<b>Progress Status</b>	<b>What progress did you make so far during the reporting on this item?</b>
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.
<b>Continuation Status</b>	<b>What do you plan to do with this item in the next budget period?</b>
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 <input type="checkbox"/> Lack of Buy-in from partners/stakeholders <input type="checkbox"/> Insufficient funding or resources <input type="checkbox"/> Inability to access/collect data <input type="checkbox"/> Implementation issues <input type="checkbox"/> Staffing issues (e.g., turnover) <input type="checkbox"/> Inadequate training <input type="checkbox"/> Evaluation Capacity <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> 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 <input type="checkbox"/> Work Plan <input type="checkbox"/> State Action Plan <input type="checkbox"/> Prevention Strategy <input type="checkbox"/> Evaluation <input type="checkbox"/> Partnership <input type="checkbox"/> Training and TA provided to others <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Drop Down <input type="checkbox"/> Yes <input type="checkbox"/> No	Text (Character Limit: 500) Optional

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## SECTION: Facilitators Encountered

Each row should be a distinct facilitator type.

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 <input type="checkbox"/> Strong partners/stakeholders <input type="checkbox"/> Connection to community <input type="checkbox"/> Access to funding or resources <input type="checkbox"/> Access to data <input type="checkbox"/> Strong implementation <input type="checkbox"/> Adequate, experienced staff <input type="checkbox"/> Access to training <input type="checkbox"/> Other (not listed), specify: (Character Limit: 100) <input type="checkbox"/> 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 <input type="checkbox"/> Work Plan <input type="checkbox"/> State Action Plan <input type="checkbox"/> Prevention Strategy <input type="checkbox"/> Evaluation <input type="checkbox"/> Partnership <input type="checkbox"/> Training and TA provided to others <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	Drop Down <input type="checkbox"/> Yes <input type="checkbox"/> No	Text (Character Limit: 500) Optional

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## SECTION: Successes

Add as many successes and accomplishments as you would like.

<b>What specific successes and accomplishments have you made during this reporting period?</b> Text (Character limit: 8000) Describe specific accomplishments and successes made during the reporting period.
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# 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

<b>Which CDC-sponsored training and TA activities have you participated in during the reporting period?</b> Multiple response with other and items that require further response <input type="checkbox"/> Annual RPE Recipient Meeting in Atlanta <input type="checkbox"/> Regional RPE Training: specify (Character Limit: 200) <input type="checkbox"/> CDC site visit <input type="checkbox"/> E-Learning Collaborative (Prevent Connect): specify (Character Limit: 200) <input type="checkbox"/> State-specific training or TA: specify (Character Limit: 200) <input type="checkbox"/> Training or TA from National Sexual Violence Resource Center (NSVRC): specify (Character Limit: 200) <input type="checkbox"/> Training or TA from Violence Prevention TA Center (VPTAC): specify (Character Limit: 200) <input type="checkbox"/> CDC Virtual Office Hours: specify (Character Limit: 200) <input type="checkbox"/> CDC Webinar: specify (Character Limit: 200) <input type="checkbox"/> <<insert additional CDC opportunities>> <input type="checkbox"/> Other (not listed): specify (Character Limit: 200)
<b>Is there anything else we should know about CDC-provided training and TA that you received?</b> (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 <input type="checkbox"/> Online Resource (Self Study) <input type="checkbox"/> Webinar <input type="checkbox"/> One-on-One TA <input type="checkbox"/> Peer-to-Peer Sharing <input type="checkbox"/> Conference or Summit <input type="checkbox"/> In-Person Skill-Building Workshop <input type="checkbox"/> Workgroup <input type="checkbox"/> Conference call or meeting <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Multiple Methods: specify (Character Limit: 200)	Text (Character Limit: 2000) Concisely describe the purpose of the training or TA	Drop Down <input type="checkbox"/> One-time <input type="checkbox"/> Multiple sessions <input type="checkbox"/> 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
<b>Total Number of Individuals Trained</b>		<b>Total Number of Organizations Participated</b>		<b>Total Number of Trainings or TA Delivered</b>
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

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

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

Text (Character Limit: 8000)

## Technical Assistance

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

Text (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 <input type="checkbox"/> No changes <input type="checkbox"/> Approach or Strategy <input type="checkbox"/> Stakeholder/Partner <input type="checkbox"/> State/local collaboration <input type="checkbox"/> Resources/Funding <input type="checkbox"/> Training/Technical Assistance <input type="checkbox"/> Sustainability <input type="checkbox"/> Health Disparities/Population of Interest <input type="checkbox"/> 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 <input type="checkbox"/> Addressing Health Disparities <input type="checkbox"/> Training/Technical Assistance <input type="checkbox"/> Capacity-Building Support to Unfunded Organizations <input type="checkbox"/> Strategy Implementation <input type="checkbox"/> Evaluation & Data Use Capacity <input type="checkbox"/> Public/Private Partnership <input type="checkbox"/> 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) <b>Optional</b> 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?

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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 <input type="checkbox"/> Coalition, State <input type="checkbox"/> Coalition, Local <input type="checkbox"/> Community-based Organization <input type="checkbox"/> College or University <input type="checkbox"/> For-Profit Organization (e.g., businesses) <input type="checkbox"/> Health care facility (e.g., health clinic, hospital) <input type="checkbox"/> Local Health department <input type="checkbox"/> State Health department <input type="checkbox"/> Non-governmental organizations <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> School <input type="checkbox"/> School District <input type="checkbox"/> Other Local Government Agency <input type="checkbox"/> Other State Government Agency <input type="checkbox"/> Other (not listed): Specify (Character Limit: 100)	Dropdown with Open Response <input type="checkbox"/> Business/Labor <input type="checkbox"/> Education <input type="checkbox"/> Justice <input type="checkbox"/> Health Services <input type="checkbox"/> Housing <input type="checkbox"/> Media <input type="checkbox"/> Public Health <input type="checkbox"/> Social Services <input type="checkbox"/> Government (Federal, State, County, Local) <input type="checkbox"/> Community Organizations <input type="checkbox"/> Other (not listed): Specify (Character Limit: 100)	Dropdown with Open Response <input type="checkbox"/> Survivor serving <input type="checkbox"/> Tribal serving <input type="checkbox"/> Culturally relevant <input type="checkbox"/> Youth serving <input type="checkbox"/> LGBTQ serving <input type="checkbox"/> Military or Veteran serving <input type="checkbox"/> Disability serving <input type="checkbox"/> Research and/or evaluation <input type="checkbox"/> Community services and/or prevention <input type="checkbox"/> Healthcare or health services <input type="checkbox"/> Students and/or campus <input type="checkbox"/> Children <input type="checkbox"/> None <input type="checkbox"/> 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 <input type="checkbox"/> New, acquired during this reporting period <input type="checkbox"/> Existing partner/stakeholder <input type="checkbox"/> Re-engaged partner/stakeholder <input type="checkbox"/> Increased engagement <input type="checkbox"/> No longer a partner/stakeholder	Drop Down <input type="checkbox"/> Yes <input type="checkbox"/> 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.

Button to add row to table

**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?**



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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 <input type="checkbox"/> Funding <input type="checkbox"/> Staffing <input type="checkbox"/> Tools for SV Prevention <input type="checkbox"/> Space <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Text (Character Limit: 500) <b>Optional</b> Provide any additional information, if any not already captured about the resource in this optional text field.

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<b>Is there anything else we should know about resources?</b> Text (Character Limit: 1000) <b>Optional</b>
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## 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 <input type="checkbox"/> Select population of focus (Data Driven Population of Focus) <input type="checkbox"/> Select prevention strategies (Data Driven Prevention Strategy) <input type="checkbox"/> Select sub-recipients (Data Driven Sub-Recipients) <input type="checkbox"/> Address health disparities	Dropdown with Open Response <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Surveillance data <input type="checkbox"/> Police data <input type="checkbox"/> Hospital data <input type="checkbox"/> Surveys <input type="checkbox"/> Interviews <input type="checkbox"/> Focus groups <input type="checkbox"/> Administrative data <input type="checkbox"/> Hospital data <input type="checkbox"/> 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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<b>Is there anything else we should know about data sources used/obtained and data use?</b> Text (Character Limit: 1000) <b>Optional</b>
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## 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.

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<b>Were there any changes to the coalition building during this reporting period? If yes, explain:</b>	
Drop Down <input type="checkbox"/> Yes <input type="checkbox"/> No	Text (Character Limit: 2000) If yes, explain

**Coalition Building**

<b>What is the name of the coalition building effort?</b>
Text (Character Limit: 200) Provide a succinct yet informative name for this coalition building effort.

**Description**

<b>Briefly describe the coalition building.</b>	
Text (Character Limit: 1000)	
<b>What is the purpose or role of the coalition building?</b>	<b>Briefly describe the purpose or role. What are the goals of the coalition building? What change do you intend to make?</b>
Dropdown with Open Response <input type="checkbox"/> Collect and organize data <input type="checkbox"/> Conduct needs assessments <input type="checkbox"/> Train community members <input type="checkbox"/> Leverage funds from sources other than RPE <input type="checkbox"/> Leverage resources other than funding (e.g., personnel, space, supplies) <input type="checkbox"/> Plan or implement prevention interventions <input type="checkbox"/> Ensure that RPE-funded prevention interventions address issues related to cultural competence <input type="checkbox"/> Plan or implement process or outcome evaluations of prevention interventions <input type="checkbox"/> Educate others about needed changes in policy at the organizational, local, or state/tribal/jurisdiction level <input type="checkbox"/> Implement community/societal strategies <input type="checkbox"/> 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?
<b>Implementers: Provide a brief description who is involved in the coalition building effort.</b>	
Text (Character Limit: 500) Concisely describe the implementers of the coalition building. Who is involved in ensuring the efforts are carried out?	
<b>How many implementers implement the coalition building?</b>	
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 <input type="checkbox"/> Educational sessions <input type="checkbox"/> Training sessions	Text (Character Limit: 2000) Concisely describe the activity and how this demonstrate	Text (Character Limit: 2000) Concisely describe how the activity serves and relates to the	Integer: Report on the number of activities completed during the reporting	Text (Character Limit: 500) <b>Optional</b> Any additional information

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<input type="checkbox"/> Projects <input type="checkbox"/> Ads <input type="checkbox"/> Web/Social Media Postings <input type="checkbox"/> Text messages or emails <input type="checkbox"/> Presentations <input type="checkbox"/> Print materials <input type="checkbox"/> Meetings <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	progress on the coalition building or community mobilization implementation.	coalition building or community mobilization effort.	period (e.g., number of educational sessions delivered).	you would like us to know
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[Button to add row to table](#)

<p><b>Is there anything else we should know about this coalition building?</b>                  Text (Character Limit: 1000)                  Optional</p>
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## 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

<p><b>Were there any changes to the program, policy, or practice during this reporting period? If yes, explain:</b></p>	
<p><a href="#">Drop Down</a>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p>Text (Character Limit: 2000) If yes, explain</p>

<p><b>Name of Program, Policy, or Practice</b></p>			
<p><a href="#">Dropdown with Open Response</a></p> <table border="0"> <tr> <td data-bbox="151 1034 535 1430"> <input type="checkbox"/> Adequate Work Supports  <input type="checkbox"/> Alcohol Policies  <input type="checkbox"/> Bringing in the Bystander  <input type="checkbox"/> Child Sexual Abuse program  <input type="checkbox"/> Coaching Boys into Men  <input type="checkbox"/> Comparable Worth Policies  <input type="checkbox"/> Council for Boys and Young Men  <input type="checkbox"/> CPTED  <input type="checkbox"/> Dating Matters  <input type="checkbox"/> Enhanced Assess, Acknowledge, Act  <input type="checkbox"/> Expect Respect  <input type="checkbox"/> Fourth R  <input type="checkbox"/> Girls Circle  <input type="checkbox"/> Green Dot                             </td> <td data-bbox="892 1034 1549 1349"> <input type="checkbox"/> Men of Strength Clubs  <input type="checkbox"/> Microfinance  <input type="checkbox"/> Powerful Voices  <input type="checkbox"/> Proactive Sexual Harassment Prevention Policies and Procedures  <input type="checkbox"/> Real Consent  <input type="checkbox"/> Safe Dates  <input type="checkbox"/> Safer Choices  <input type="checkbox"/> Second Step  <input type="checkbox"/> Shifting Boundaries Building-Level Intervention  <input type="checkbox"/> Strong African American Families – SAAF  <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)                             </td> </tr> </table>		<input type="checkbox"/> Adequate Work Supports <input type="checkbox"/> Alcohol Policies <input type="checkbox"/> Bringing in the Bystander <input type="checkbox"/> Child Sexual Abuse program <input type="checkbox"/> Coaching Boys into Men <input type="checkbox"/> Comparable Worth Policies <input type="checkbox"/> Council for Boys and Young Men <input type="checkbox"/> CPTED <input type="checkbox"/> Dating Matters <input type="checkbox"/> Enhanced Assess, Acknowledge, Act <input type="checkbox"/> Expect Respect <input type="checkbox"/> Fourth R <input type="checkbox"/> Girls Circle <input type="checkbox"/> Green Dot	<input type="checkbox"/> Men of Strength Clubs <input type="checkbox"/> Microfinance <input type="checkbox"/> Powerful Voices <input type="checkbox"/> Proactive Sexual Harassment Prevention Policies and Procedures <input type="checkbox"/> Real Consent <input type="checkbox"/> Safe Dates <input type="checkbox"/> Safer Choices <input type="checkbox"/> Second Step <input type="checkbox"/> Shifting Boundaries Building-Level Intervention <input type="checkbox"/> Strong African American Families – SAAF <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)
<input type="checkbox"/> Adequate Work Supports <input type="checkbox"/> Alcohol Policies <input type="checkbox"/> Bringing in the Bystander <input type="checkbox"/> Child Sexual Abuse program <input type="checkbox"/> Coaching Boys into Men <input type="checkbox"/> Comparable Worth Policies <input type="checkbox"/> Council for Boys and Young Men <input type="checkbox"/> CPTED <input type="checkbox"/> Dating Matters <input type="checkbox"/> Enhanced Assess, Acknowledge, Act <input type="checkbox"/> Expect Respect <input type="checkbox"/> Fourth R <input type="checkbox"/> Girls Circle <input type="checkbox"/> Green Dot	<input type="checkbox"/> Men of Strength Clubs <input type="checkbox"/> Microfinance <input type="checkbox"/> Powerful Voices <input type="checkbox"/> Proactive Sexual Harassment Prevention Policies and Procedures <input type="checkbox"/> Real Consent <input type="checkbox"/> Safe Dates <input type="checkbox"/> Safer Choices <input type="checkbox"/> Second Step <input type="checkbox"/> Shifting Boundaries Building-Level Intervention <input type="checkbox"/> Strong African American Families – SAAF <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)		
<p><b>Briefly describe the program, policy, or practice.</b></p>			

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<p>Text (Character Limit: 2000)</p> <p>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).</p>	
<p><b>Which STOP SV approach does this program, policy, or practice address?</b></p>	
<p>Dropdown with Open Response</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bystander approaches</li> <li><input type="checkbox"/> Mobilizing men and boys as allies</li> <li><input type="checkbox"/> Social-emotional learning</li> <li><input type="checkbox"/> Teach healthy, safe dating and intimate relationship skills to adolescents</li> <li><input type="checkbox"/> Promoting healthy sexuality</li> <li><input type="checkbox"/> Empowerment-based training</li> <li><input type="checkbox"/> Strengthening economic supports for women and families</li> <li><input type="checkbox"/> Strengthening leadership and opportunities for girls</li> <li><input type="checkbox"/> Improving safety and monitoring in schools</li> <li><input type="checkbox"/> Establishing and consistently applying workplace policies</li> <li><input type="checkbox"/> Addressing community-level risks through environmental approaches</li> <li><input type="checkbox"/> Other (not listed): specify the STOP SV strategy with which this best address (Character Limit: 100)</li> </ul>	<p>Text (Character Limit: 2000)</p> <p>Explain how this program, policy, or practice aligns or addresses the STOP SV approach selected.</p> <p>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.</p>
<p><b>What is the main way this program, policy, or practice is delivered?</b></p>	
<p><b>Delivery Method</b></p>	<p><b>Description</b></p>
<p>Dropdown with Open Response</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Educational curriculum</li> <li><input type="checkbox"/> Social marketing</li> <li><input type="checkbox"/> Social media campaign</li> <li><input type="checkbox"/> Built environment change</li> <li><input type="checkbox"/> Organizational policy change</li> <li><input type="checkbox"/> Policy education or implementation</li> <li><input type="checkbox"/> Community mobilization</li> <li><input type="checkbox"/> Other (not listed): specify (Character Limit: 100)</li> </ul>	<p>Text (Character Limit: 2000)</p> <p>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.</p>
<p><b>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.</b></p>	
<p>Text (Character Limit: 2000)</p>	
<p><b>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.</b></p>	
<p><b>Type</b></p>	<p><b>Focus</b></p>
<p>Dropdown with Open Response</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policy</li> <li><input type="checkbox"/> Local ordinance</li> <li><input type="checkbox"/> Procedure</li> <li><input type="checkbox"/> Administrative action</li> <li><input type="checkbox"/> Incentive</li> <li><input type="checkbox"/> Organizational contract</li> <li><input type="checkbox"/> Rule/regulation</li> <li><input type="checkbox"/> Other (not listed): specify (Character Limit: 100)</li> </ul>	<p>Dropdown with Open Response</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Climate and safety</li> <li><input type="checkbox"/> Sexual harassment</li> <li><input type="checkbox"/> Alcohol</li> <li><input type="checkbox"/> Comparable worth/Pay equity</li> <li><input type="checkbox"/> Paid leave</li> <li><input type="checkbox"/> Housing</li> <li><input type="checkbox"/> Trauma informed</li> <li><input type="checkbox"/> Family friendly workplace</li> </ul>

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		<input type="checkbox"/> Other (not listed): specify (Character Limit: 100)
<b>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?</b>		
<b>Evidence</b>	<b>Description</b>	
Dropdown with Open Response <input type="checkbox"/> Example approach listed in the technical package <input type="checkbox"/> Based on best available research evidence <input type="checkbox"/> Based on practice-based evidence <input type="checkbox"/> 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.	
<b>What are the reasons for selecting this prevention strategy?</b>		
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?		
<b>If practice-based strategy, describe the essential content, delivery, and implementer characteristics of this prevention strategy.</b>		
<b>What (Essential Content)</b>	Text (Character Limit: 5000)	
<b>How (Essential Delivery)</b>	Text (Character Limit: 5000)	
<b>Who (Essential Implementer's Characteristics)</b>	Text (Character Limit: 5000)	
<b>How did you determine these essential elements? Why are these considered essential elements for this prevention strategy?</b>		
Text (Character Limit: 5000)		
<b>Is there anything else we should know about the program, policy, or practice's essential elements?</b>		
Text (Character Limit: 1000) <b>Optional</b>		

## 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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:

<input type="checkbox"/> LGBTQ Communities	<input type="checkbox"/> Adolescent	<input type="checkbox"/> Other (not listed): specify (Character Limit: 100)
<input type="checkbox"/> Homeless	<input type="checkbox"/> African American or Black Population	<input type="checkbox"/> Other (not listed): specify (Character Limit: 100)
<input type="checkbox"/> Incarcerated or Formerly Incarcerated	<input type="checkbox"/> Asian Population	<input type="checkbox"/> Other (not listed): specify (Character Limit: 100)
<input type="checkbox"/> Migrant Workers	<input type="checkbox"/> Children and Families	<input type="checkbox"/> Other (not listed): specify (Character Limit: 100)
<input type="checkbox"/> Military	<input type="checkbox"/> Elder	<input type="checkbox"/> Other (not listed): specify (Character Limit: 100)
<input type="checkbox"/> Poor or Economically Disadvantaged	<input type="checkbox"/> Foster Youths or Families	<input type="checkbox"/> Other (not listed): specify (Character Limit: 100)
<input type="checkbox"/> People with Disabilities	<input type="checkbox"/> Hispanic or Latino Population	
<input type="checkbox"/> Perpetrators of Crimes or Violence	<input type="checkbox"/> Immigrants or Refugees	
<input type="checkbox"/> Rural	<input type="checkbox"/> Men and Boys	
<input type="checkbox"/> Tribal Communities	<input type="checkbox"/> Pacific Islanders Population	
<input type="checkbox"/> Urban Communities	<input type="checkbox"/> Parents and Families	
<input type="checkbox"/> Veterans	<input type="checkbox"/> Single Parents	
<input type="checkbox"/> Victims of Crimes or Violence	<input type="checkbox"/> Women and Girls	
<input type="checkbox"/> Vulnerable or At-Risk Population		

**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:

<b>Types of Individuals</b> <input type="checkbox"/> Students <input type="checkbox"/> Youths <input type="checkbox"/> Teachers/Professors <input type="checkbox"/> School Administrators <input type="checkbox"/> School Staff <input type="checkbox"/> Policy Makers <input type="checkbox"/> Parents <input type="checkbox"/> Healthcare Professionals	<b>Types of Organizations</b> <input type="checkbox"/> Schools or Universities <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	<b>Types of Communities</b> <input type="checkbox"/> School District <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
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<input type="checkbox"/> Mental Health Providers	<input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<input type="checkbox"/> Other (not listed): specify (Character Limit: 100)
<input type="checkbox"/> Employees of an Organization	<input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<input type="checkbox"/> Other (not listed): specify (Character Limit: 100)
<input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<input type="checkbox"/> Other (not listed): specify (Character Limit: 100)
<input type="checkbox"/> Other (not listed): specify (Character Limit: 100)		)
<input type="checkbox"/> Other (not listed): specify (Character Limit: 100))		
<b>Is there anything else we should know about the population and setting of focus?</b>		
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
<b>Is there anything else we should know about the population and setting of focus reached?</b>	
Text (Character Limit: 1000)	

## SECTION: Risk and Protective Factors and Violence Outcomes

<b>Were there any changes to the risk and protective factors and violence outcomes during this reporting period? If yes, explain:</b>			
Drop Down <input type="checkbox"/> Yes <input type="checkbox"/> No		Text (Character Limit: 2000) If yes, explain	
<b>Provide a narrative description of the outcomes and risk and protective factors that is the policy, program, or practice intend to change.</b>			
Text (Character Limit: 2000) Concisely describe risk and protective factors that the program, policy, or practice intend to directly affect.			
<b>What risk and protective factors does this program, policy, or practice address?</b>			
Multiple responses with other response:			
<b>Individual Risk Factors</b> <input type="checkbox"/> Alcohol and drug use <input type="checkbox"/> Delinquency <input type="checkbox"/> Lack of empathy <input type="checkbox"/> General aggressiveness and acceptance of violence <input type="checkbox"/> Early sexual initiation <input type="checkbox"/> Coercive sexual fantasies <input type="checkbox"/> Preference for impersonal sex and sexual risk taking <input type="checkbox"/> Exposure to sexually explicit media <input type="checkbox"/> Hostility towards women <input type="checkbox"/> Adherence to traditional gender role norms <input type="checkbox"/> Hyper-masculinity <input type="checkbox"/> Suicidal behavior <input type="checkbox"/> Prior sexual victimization or perpetration <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<b>Relationship Risk Factors</b> <input type="checkbox"/> Family environment characterized by physical violence and conflict <input type="checkbox"/> Childhood history of physical, sexual, or emotional abuse <input type="checkbox"/> Emotionally unsupportive family environment <input type="checkbox"/> Poor parent-child relationships, particularly with fathers <input type="checkbox"/> Association with sexually aggressive, hypermasculine, and delinquent peers <input type="checkbox"/> Involvement in a violent or abusive intimate relationship <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<b>Community Risk Factors</b> <input type="checkbox"/> Poverty <input type="checkbox"/> Lack of employment opportunities <input type="checkbox"/> Lack of institutional support from police and judicial system <input type="checkbox"/> General tolerance of sexual violence within the community <input type="checkbox"/> Weak community sanctions against sexual violence perpetrators <input type="checkbox"/> High alcohol outlet density <input type="checkbox"/> Diminished economic opportunities <input type="checkbox"/> Poor neighborhood or community support and cohesion <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<b>Societal Risk Factors</b> <input type="checkbox"/> Societal norms that support sexual violence <input type="checkbox"/> Societal norms that support male superiority and sexual entitlement <input type="checkbox"/> Societal norms that maintain women's inferiority and sexual submissiveness <input type="checkbox"/> Weak laws and policies related to sexual violence and gender equity <input type="checkbox"/> High levels of crime and other forms of violence <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)
<b>Individual Protective Factors</b> <input type="checkbox"/> Parental use of reasoning to resolve family conflict <input type="checkbox"/> Emotional health and connectedness <input type="checkbox"/> Academic achievement <input type="checkbox"/> Empathy and concern for how one's actions affect others <input type="checkbox"/> Skills in solving problems non-violently <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<b>Relationship Protective Factors</b> <input type="checkbox"/> Family support and connectedness <input type="checkbox"/> Connection to a caring adult <input type="checkbox"/> Association with pro-social peers <input type="checkbox"/> Connection/commitment to school <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<b>Community Protective Factors</b> <input type="checkbox"/> Neighborhood or Community support/connectedness <input type="checkbox"/> Access to mental and health services <input type="checkbox"/> Availability of safe and affordable housing and the ability of families to access housing assistance <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<b>Societal Protective Factors</b> <input type="checkbox"/> Societal norms that violence is unacceptable <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)



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<b>What types of violence and injury outcomes does the program, policy, or practice directly address?</b>
<p>Multiple responses with other response:</p> <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Child Abuse and Neglect <input type="checkbox"/> Child Sexual Abuse <input type="checkbox"/> Human Trafficking <input type="checkbox"/> Youth Violence <input type="checkbox"/> Intimate Partner Violence <input type="checkbox"/> Teen Dating Violence <input type="checkbox"/> Suicide <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)
<b>How does this program, policy, or practice address those risk and protective factors among the population of focus?</b>
<p>Text (Character Limit: 2000)</p> <p>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?</p>
<b>Is there anything else we should know about the risk and protective factors and violence outcomes?</b>
<p>Text (Character Limit: 1000)</p> <p>Optional</p>

**SECTION: Adaptation**

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

<b>Description of Adaptation</b>			
<p>Text (Character Limit: 1000)</p> <p>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?</p>			
<b>Which element of the program did you change or adapt?</b>	<b>Type of Adaptation</b>	<b>Reason for Adaptation</b>	<b>Describe the reason for this adaptation.</b>
<p>Drop Down</p> <input type="checkbox"/> Content <input type="checkbox"/> Design element <input type="checkbox"/> Policy component <input type="checkbox"/> Delivery or method <input type="checkbox"/> Implementer	<p>Dropdown with Open Response</p> <input type="checkbox"/> Added content <input type="checkbox"/> Deleted content <input type="checkbox"/> Changed sequence of sessions <input type="checkbox"/> Modified delivery or method <input type="checkbox"/> Added policy component <input type="checkbox"/> Deleted policy component <input type="checkbox"/> Modified an environmental design element <input type="checkbox"/> Changed the type of recommended implementer <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<p>Drop Down</p> <input type="checkbox"/> To increase relevancy of material for participants <input type="checkbox"/> To increase participant participation <input type="checkbox"/> To create or maintain relationships with participants <input type="checkbox"/> To respond to limited time and resources <input type="checkbox"/> To respond to a resource, space or time limitation <input type="checkbox"/> To increase relevancy to or fit with context <input type="checkbox"/> To align with the implementer's facilitation style <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	<p>Text (Character Limit: 2000)</p> <p>Concisely describe what led to this adaptation and how the adaptation was decided.</p>
<b>Was this adaptation made before or made during delivery?</b>	<b>What was the result or impact of the adaptation?</b>	<b>Plan for this Adaptation in Future Implementation Cycles</b>	<b>Is there anything else we should know about this adaptation?</b>
<p>Drop Down</p> <input type="checkbox"/> Made before implementation	<p>Text (Character Limit: 2000)</p> <p>How did the adaptation affect implementation</p>	<p>Drop Down</p> <input type="checkbox"/> Keep	<p>Text (Character Limit: 500)</p> <p>Optional</p>

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started <input type="checkbox"/> Made during implementation	or uptake of the program, policy, or practice? How did the adaptation affect its effectiveness?	<input type="checkbox"/> Change <input type="checkbox"/> Omit <input type="checkbox"/> Adapt across sites <input type="checkbox"/> No plans	
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<b>What resources do you need to make and monitor these adaptations?</b> Text (Character Limit: 2000) Describe the resources needed make the adaptations and monitor them.
<b>How you plan to track and monitor these adaptations?</b> Text (Character Limit: 2000) Describe how the adaptations will be tracked and monitored.

## SECTION: Implementation Measures

<b>Were there any changes to your implementation during this reporting period? If yes, explain:</b>	
Drop Down <input type="checkbox"/> Yes <input type="checkbox"/> No	Text (Character Limit: 2000) If yes, explain

<b>Provide a brief description about the implementers of this program, policy, or practice.</b> Text (Character Limit: 1000) Concisely describe the implementers of the program, policy, or practice. Who is involved in ensuring the efforts are carried out?
<b>How many implementers have been trained to deliver or implement the program, policy, or practice during Year #?</b> 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 <input type="checkbox"/> Educational sessions <input type="checkbox"/> Training sessions <input type="checkbox"/> Projects <input type="checkbox"/> Ads <input type="checkbox"/> Web/Social Media Postings <input type="checkbox"/> Text messages or emails <input type="checkbox"/> Presentations <input type="checkbox"/> Print materials <input type="checkbox"/> Meetings <input type="checkbox"/> 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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<b>Is there anything else we should know about the implementation of this program, policy, or practice?</b>
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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 <input type="checkbox"/> No changes <input type="checkbox"/> Evaluation Design <input type="checkbox"/> Evaluation Question <input type="checkbox"/> Data Analysis, Synthesis, and Interpretation <input type="checkbox"/> Data Collection Method or Data Source <input type="checkbox"/> Measures and Indicators <input type="checkbox"/> Translation, Communication, and Dissemination <input type="checkbox"/> Evaluation Team <input type="checkbox"/> 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) <b>Optional</b> Provide any additional information about this change that has not yet been captured.

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### Analysis, Interpretation, and Synthesis

**Please describe your approach to analyzing and summarizing your evaluation data including, primary focus of your 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**

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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
<p>Dropdown with Open Response</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Evaluation Design</li> <li><input type="checkbox"/> Evaluation Question</li> <li><input type="checkbox"/> Data Analysis, Synthesis, and Interpretation</li> <li><input type="checkbox"/> Data Collection Method or Data Source</li> <li><input type="checkbox"/> Measures and Indicators</li> <li><input type="checkbox"/> Translation, Communication, and Dissemination</li> <li><input type="checkbox"/> Evaluation Team</li> <li><input type="checkbox"/> Other (not listed): specify (Character Limit: 100)</li> </ul>	<p>Text (Character Limit: 2000)</p> <p>Provide any additional information about this change that has not yet been captured.</p>

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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
<p>Drop Down</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Q1 Partnership:</b> To what extent has the state built or enhanced partnerships for SV prevention?</li> <li><input type="checkbox"/> <b>Q2 Data Use:</b> 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?</li> <li><input type="checkbox"/> <b>Q3 Risk and Protective Factors:</b> To what extent have targeted risk and protective factors for SV outcomes changed at the state level?</li> <li><input type="checkbox"/> <b>Q4 Implementation:</b> To what extent have selected prevention strategies been implemented in the state?</li> <li><input type="checkbox"/> <b>Q5 Contextual Factors:</b> Which factors are critical for implementing selected prevention strategies and approached?</li> <li><input type="checkbox"/> <b>Q6 Alignment:</b> To what extent are sub-recipient activities aligned with state level goals and outcomes stated in the state action plan and recipient work plan?</li> <li><input type="checkbox"/> Other (not listed): specify (Character Limit: 250)</li> </ul>	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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<p><b>Is there anything else we should know about the evaluation efforts during this reporting period?</b></p>
<p>Text Area (Character Limit: 1000) Optional</p>

**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 <input type="checkbox"/> Knowledge, Skills, Attitudes <input type="checkbox"/> Behavior Change <input type="checkbox"/> Awareness <input type="checkbox"/> Caring Adults Connectedness <input type="checkbox"/> Community Connectedness <input type="checkbox"/> Economic stability <input type="checkbox"/> Equitable Access <input type="checkbox"/> Family Connectedness <input type="checkbox"/> Financial supports <input type="checkbox"/> Gender Norms <input type="checkbox"/> Neighborhood Environments <input type="checkbox"/> Organizational Climate/environment <input type="checkbox"/> Policies or procedures <input type="checkbox"/> Prosocial Peer Connectedness <input type="checkbox"/> School Connectedness <input type="checkbox"/> School environment/climate <input type="checkbox"/> Social Norms <input type="checkbox"/> Violence Victimization <input type="checkbox"/> Violence Perpetration <input type="checkbox"/> 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) <b>Optional</b>

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## SECTION: Translation, Communication, Dissemination

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 <input type="checkbox"/> Brief (e.g. Fact Sheet) <input type="checkbox"/> Communities of Practice <input type="checkbox"/> Conference <input type="checkbox"/> Email <input type="checkbox"/> Manuscript/Scientific Publication <input type="checkbox"/> Mass Media Campaign <input type="checkbox"/> Meeting <input type="checkbox"/> Newsletter <input type="checkbox"/> Report <input type="checkbox"/> Resource Guide <input type="checkbox"/> Social Media <input type="checkbox"/> Workshop/Training <input type="checkbox"/> Webinar <input type="checkbox"/> Press Release <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	Text Area (Character Limit: 2000)	Text Area (Character Limit: 2000)	Checkbox with Open Response <input type="checkbox"/> Funders <input type="checkbox"/> General Public <input type="checkbox"/> Implementers <input type="checkbox"/> Local/State Government <input type="checkbox"/> News/Press <input type="checkbox"/> Participants <input type="checkbox"/> Partners <input type="checkbox"/> Policymakers <input type="checkbox"/> Sexual Violence Field <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)	Text Area (Character Limit: 5000)	Integer	Unit Drop Down <input type="checkbox"/> Individuals <input type="checkbox"/> Groups or Organizations

Button to add row to table

Is there anything else we should know about your translation, communication, and dissemination efforts?

Text Area (Character Limit: 1000)

Optional