**Attachment 3a - Instrument: Annual Progress Report Tool**

*Items in green will be prepopulated based on planning documents received from recipients. Grey indicates it is the question narrative or instructions.*

*Everything in white is submitted annually. All narrative questions will have a word limit.*

**Recipients: Drop down with names of 10 grantees Reporting Period: Contact Person: Word Limit = 25**

**Work Plan Section**

**Section A: Progress on Goals**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NOFO Project Period Goal 1:** Increase the prioritization, resources, and capacity to implement community and societal level IPV prevention programs and policy efforts (REQUIRED) | | | | | | | |
| **Objective 1:** Develop and implement the State Action Plan (SAP) (REQUIRED) | | | | **Status of Objective**   * Completed * In Progress * Planned * Discontinued * New | | | |
| **Key Milestones** | **Target Date for Completion** | **Project Year** | **How will you know this Milestone is Completed?** | **Status of Milestone** | | **Notes** |
|  | MM/DD/YYYY | Drop Down List (Year 1 – Year 5) |  | * Completed * In Progress * Planned * Discontinued * New | |  |
|  | MM/DD/YYYY | Drop Down List (Year 1 – Year 5) |  | * Completed * In Progress * Planned * Discontinued * New | |  |
| *More detail about this objective will be requested in other areas of the APR* | | | | | | | |
| **Objective 2:** Increase coordination of IPV work at the state and local level (REQUIRED) | | | | **Status of Objective**   * Completed * In Progress * Planned * Discontinued * New | | | |
| **Key Milestones** | **Target Date for Completion** | **Project Year** | **How will you know this Milestone is Completed?** | **Status of Milestone** | | **Notes** |
|  | MM/DD/YYYY | Drop Down List (Year 1 – Year 5) |  | * Completed * In Progress * Planned * Discontinued * New | |  |
|  | MM/DD/YYYY | Drop Down List (Year 1 – Year 5) |  | * Completed * In Progress * Planned * Discontinued * New | |  |
| *More detail about this objective will be requested in other areas of the APR* | | | | | | | |
| **Objective 3:** Increase the use of IPV prevention approaches that address the community and societal level of the SEM (REQUIRED) | | | | **Status of Objective**   * Completed * In Progress * Planned * Discontinued * New | | | |
| **Key Milestones** | **Target Date for Completion** | **Project Year** | **How will you know this Milestone is Completed?** | **Status of Milestone** | **Notes** | |
|  | MM/DD/YYYY | Drop Down List (Year 1 – Year 5) |  | * Completed * In Progress * Planned * Discontinued * New |  | |
|  | MM/DD/YYYY | Drop Down List (Year 1 – Year 5) |  | * Completed * In Progress * Planned * Discontinued * New |  | |
| *More detail about this objective will be requested in other areas of the APR* | | | | | | | |
| Please list all capacity building and training activities related to community and societal level primary prevention that you provided within the state over the past year | | | | | | | |
| Type of Activity | Topic | | | Audience | | Dates |
|  |  | | |  | |  |
| Please list any networking and dissemination activities that you participated in related to community and societal level primary prevention OUTSIDE the state. | | | | | | | |
| Type of Activity | Topic | | | SDVC Role in Activity | | Dates |
|  |  | | |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOFO Project Period Goal 2 :** Increase data on the impact of community and societal level IPV primary prevention programs and policy efforts (REQUIRED) | | | | | | | | | | | | | | | | |
| **Objective 1:** Increase the use of data for planning including monitoring of state-level outcome indicators(REQUIRED) | | | | | | | | | | **Status of Objective**   * Completed * In Progress * Planned * Discontinued * New | | | | | | |
| **Key Milestones** | **Target Date for Completion** | | | | | **Project Year** | | | **How will you know this Milestone is Completed?** | | | | **Status of Milestone** | | | **Notes** |
|  | MM/DD/YYYY | | | | | Drop Down List (Year 1 – Year 5) | | |  | | | | * Completed * In Progress * Planned * Discontinued * New | | |  |
|  | MM/DD/YYYY | | | | | Drop Down List (Year 1 – Year 5) | | |  | | | | * Completed * In Progress * Planned * Discontinued * New | | |  |
| *More detail about this objective will be requested in other areas of the APR* | | | | | | | | | | | | | | | | |
| **Objective 2:** Increase the evaluation of community and societal level IPV prevention programs and policy efforts within funded states (REQUIRED) | | | | | | | | | | **Status of Objective**   * Completed * In Progress * Planned * Discontinued * New | | | | | | |
| **Key Milestones** | | **Target Date for Completion** | | | **Project Year** | | | **How will you know this Milestone is Completed?** | | | | **Status of Milestone** | | | **Notes** | |
|  | | MM/DD/YYYY | | | Drop Down List (Year 1 – Year 5) | | |  | | | | * Completed * In Progress * Planned * Discontinued * New | | |  | |
|  | | MM/DD/YYYY | | | Drop Down List (Year 1 – Year 5) | | |  | | | | * Completed * In Progress * Planned * Discontinued * New | | |  | |
| *More detail about this objective will be requested in other areas of the APR* | | | | | | | | | | | | | | | | |
| **Objective 3:** Monitor changes in risk and protective factors associated with the NOFO activities being implemented (REQUIRED). | | | | | | | | | | **Status of Objective**   * Completed * In Progress * Planned * Discontinued * New | | | | | | |
| **Key Milestones** | | | **Target Date for Completion** | **Project Year** | | | **How will you know this Milestone is Completed?** | | | | **Status of Milestone** | | | **Notes** | | |
|  | | | MM/DD/YYYY | Drop Down List (Year 1 – Year 5) | | |  | | | | * Completed * In Progress * Planned * Discontinued * New | | |  | | |
|  | | | MM/DD/YYYY | Drop Down List (Year 1 – Year 5) | | |  | | | | * Completed * In Progress * Planned * Discontinued * New | | |  | | |
| *More detail about this objective will be requested in other areas of the APR* | | | | | | | | | | | | | | | | |

**Section B: Continuation Application Narrative for Year #: <<insert dates for next funding year>**

|  |
| --- |
| **Summary of Work Plan for Next Budget Year:** Summarize and reference any key changes to work plan (objectives, and milestones). Provide information about the reasons for or what led to those changes. |
| **Implementation of New or Revised Program or Policy Efforts:** Explain requests to change the current program or policy efforts being implemented. The CDC Project Officer must approve any changes to the program or policy efforts approved upon award. |
| **Budget:** Provide comments to budgetary issues that might impede the success or completion of the project as originally proposed and approved. Describe any implications the changes to the work plan may have on the budget. |
| **Challenges:** What general challenges/problems do you anticipate in the next funding year? What do you plan to use to solve or address those challenges or problems? |
| **Resources:** What additional resources do you need? How do you plan to obtain these resources? |
| **Technical Assistance:** Do you need technical assistance from CDC? If yes, provide a description of your needs. |

**Strategic Planning Section**

**Section A. Progress and Planning for State Action Plan Goals (can add up to 10)**

|  |  |  |  |
| --- | --- | --- | --- |
| Priority Area Name #1 | Description of Priority Area | Key Partners | Key Accomplishments this Report Period |
|  |  |  |  |
| Key Activities Planned for Upcoming Year | | Resources Needed | | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |

**Section B. Changes related to Prioritization, Resources and Capacity**

Did you engage any new partners or stakeholders related to the work on the state action plan during the reporting period?

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Partner Organization | Type of Organization (Select one) | Primary Sector (Select one) | Partner Role(s) related to State Action Plan (Select multiple) |
|  | * Government/Quasi-Government * Non-Profit/Tax-Exempt * Coalition * Business * Other \_\_\_\_\_\_\_\_ | * Public Health/Health & Human Services * Criminal Justice/Legal * Education * Policy * Labor * Media * Business * Faith * Community Members/Grassroots * Youth * Multidisciplinary/Interdisciplinary * Other \_\_\_\_\_\_\_\_ | * Data collection or monitoring * Train/educate community members * Engagement/convening * Share funds or resources other than funding * Communications/promotion * Plan or implement efforts in the strategic plan * Plan or implement process or outcome evaluations * Other \_\_\_\_\_\_\_\_ |

Please describe any impacts of new partnerships with stakeholders in other sectors during this reporting period.

|  |
| --- |
|  |

Were any new policies or procedures implemented by funding partners during the reporting period related to increasing the use of community and societal level primary prevention (CSPP) (e.g. new uses, required training, etc.)?

|  |  |  |
| --- | --- | --- |
| Policy/Procedure | Funding Partner(s) | Description and Potential Impact on Use of CSPP |
|  |  |  |
|  |  |  |

Were any new resources obtained or redirected for CSPP during the reporting period?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Resource Name | Funder Name | Funder Type (Select one) | Total Annual Funding Amount Distributed | Previous Uses (Select all that apply) | New Uses Related to CSPP | Notes |
|  |  | * Gov-Federal * Gov-State * Gov - Local * Foundation * Non-Profit/Public Charity * Business/Company * Private Donor * Other \_\_\_\_\_\_\_\_ |  | * Victims Services * Legal Services and Law Enforcement * Perpetrator Programs * Primary Prevention Programs * Public Education/Awareness Campaigns * Advocacy and/or Policy Change * N/A – New Funding |  |  |

Please list any **new** CSPP programs or policy efforts implemented and/or evaluated during the reporting period.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Program/Policy Effort | Type (Select one) | Implementing Organization | CSPP Approach  (Select one) | Population of Interest | Primary Setting (Select one) | Notes |
|  | * New Implementation * New Evaluation * Both |  | * Bystander Empowerment and Education * Improve School Climate and Safety * Improve Organizational Policies and Workplace Climate * Modify the Physical and Social Environments of Neighborhoods * Strengthen Household Financial Security * Strengthen Work-Family Supports * Other\_\_\_\_\_\_\_ |  | * School * Organization * Community/Neighborhood * Online/Media * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Did you **gain access** to any new state or local data sources and/or **implement any new uses** of state or local data during the reporting period?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dataset Name | Type (Select one) | “Dataset Owner” | Description (including level) | Availability | Current or Planned Use(s) (Select all that apply) |
|  | * New Access * New Use * New Access AND New Use |  |  | * Publicly Available * Purchase * Shared Use/Data Share Agreement * Unsure/Unknown * Other \_\_\_\_\_\_\_\_ | * Quantify need * Focus programming on an audience/health disparity * Inform planning * Track implementation * Track progress or change in a population/environment * Quantify impact * Provide contextual data * Collect program/strategy feedback for improvement * Other \_\_\_\_\_\_\_\_ |

Meetings of Leadership Team or State Action Planning Committees During Reporting Period

|  |  |  |  |
| --- | --- | --- | --- |
| Group | Participating Organizations | Date(s) | Topics Discussed |
|  |  |  |  |
|  |  |  |  |

**Section C. Facilitators and Barriers related to the State Action Plan**

|  | **Facilitator or Barrier** | | | **Action Planning** | | | **Impact in Reporting Period** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Goal #** | **Facilitator or Barrier?** | **Potential or Actual** | **Facilitator or Barrier Description** | **Action Steps** | **Needed Resources** | **Responsible Party** |
| # | Facilitator  Barrier | Potential  Actual |  |  |  |  |  |

**NOFO Evaluation Section**

**Section A. Progress on Evaluation Questions**

|  |
| --- |
| **Evaluation Question** |
| Question 1. To what extent did the Coalition increase the use of primary prevention of IPV at the community and societal levels in defined communities as specified in their state level plan? |
| Question 2. To what degree have the state level and program/policy evaluations increased data on the impact of community and societal level IPV primary prevention programs and policy efforts, and increased the use of data for planning? |
| Question 3. To what extent has the Coalition increased the prioritization, resources, and capacity to implement community and societal level IPV prevention programs and policy efforts across the state? |
| Question 4. To what extent have targeted risk and protective factors of IPV outcomes across multiple levels of the social ecological model changed within targeted communities or populations? |
| Question 5. What factors are critical to implementing and sustaining community and societal level primary prevention approaches to prevent IPV? |

Evaluation Progress Made and Data Collected During Reporting Period

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Interim Findings** | **Corresponding Evaluation Questions (Select all that apply)** |
|  | * 1 * 2 * 3 * 4 * 5 |

Planned Evaluation Activities in Next Reporting Period

|  |
| --- |
|  |

**Section B. Changes to Evaluation Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please describe any key changes have you made to this evaluation plan in the past year including the reason for making the changes.** | | | |
| **Type of Change (Select one)** | **Describe the Change** | **Reason for Change** | **Notes** |
| * Change in Evaluation Design * Change in Outcomes or Indicators * Change in Data Collection Methods or Sources * Change in Data Collection Population (including setting) * Change in Data Analysis, Synthesis, Interpretation Strategy * Change in Translation, Communication, Dissemination Strategy * Other \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**Section C. Outcomes Table**

*This should not include outcomes included within a specific program or policy effort evaluation UNLESS you are aggregating the outcome across the evaluations.*

| **Type** | **Description** | **SEM Level** | **Indicator Description** | **Unit** | **Data Source/ Measure** | **Indicator Population** | **Year 5 Target** | **Current Value** | **Progress Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Select one (1)  Risk Factor  Protective Factor  Violence Outcome  Implementation  Other \_\_\_\_\_\_\_ |  | Select one (1)  Individual  Relationship  Community  Societal | *Provide indicator and data source, method, and frequency of collection or availability* | Select one (1)  Number  Percent  Proportion  Other,  Unit Description: |  |  | Insert Numeric Value |  |  |

**Section D. Facilitators and Barriers**

| **Facilitator or Barrier** | | | **Action Planning** | | | **Impact in Reporting Period** |
| --- | --- | --- | --- | --- | --- | --- |
| **Facilitator or Barrier?** | **Potential or Actual Factor** | **Facilitator or Barrier Description** | **Action Steps** | **Needed Resources** | **Responsible Party** |
| Select one (1)  Facilitator  Barrier | Select one (1)  Potential  Actual (e.g., encountered) |  |  |  |  |  |

**Program or Policy Effort Section**

**(1 per program/policy being implemented)**

**Program or Policy Effort Name: PREPOPULATED Implementing Organization: PREPOPULATED**

**Section A. Progress on Implementation Plan**

Program or Policy Effort Description

|  |
| --- |
|  |

Please provide a general update on PPE implementation during this reporting period.

|  |
| --- |
|  |

Please describe the partners (including role) that have been key to implementing this program or policy effort.

|  |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Key Milestone (can add additional)** | **Target Date** | **Project Year** | **Status** | **Key Accomplishments** | **Key Activities in Upcoming Year** | **Resources Needed** |
| 1. | MM/DD/YYYY | Drop Down List (Year 1 – Year 5) | * Completed * In Progress * Planned * Discontinued |  |  |  |
| 2. | MM/DD/YYYY | Drop Down List (Year 1 – Year 5) | * Completed * In Progress * Planned * Discontinued |  |  |  |
| 3. | MM/DD/YYYY | Drop Down List (Year 1 – Year 5) | * Completed * In Progress * Planned * Discontinued |  |  |  |

**Section B. Reach**

|  | **Setting** | **Description** | **Year 5 Target for Settings** | **Number of Settings Reached** | **Progress Notes** |
| --- | --- | --- | --- | --- | --- |
| **Primary** | Select one (1)  Communities  Schools  Organizations |  | Insert Numeric Value | Insert Numeric Value |  |
| **Secondary** | Select one (1)  Communities  Schools  Organizations |  | Insert Numeric Value | Insert Numeric Value |  |

| **Population of Interest Description** | **Year 5 Target for Individuals (across settings)** | **# new individuals reached this reporting period (across settings)** | **# total individuals reached since start of NOFO** | **Progress Notes** |
| --- | --- | --- | --- | --- |
|  | Insert Numeric Value | Insert Numeric Value | Insert Numeric Value |  |

Please describe your plans to ensure that you will reach your year 5 target by the end of the project period.

|  |
| --- |
|  |

**Section C. Change to Implementation Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please describe any key changes have you made to this implementation plan in the past year including the reason for making the changes.** | | | | |
| **Type of Change** | **Describe the Change** | **Reason for Change** | **Impact of Change During Reporting Period** | **Notes** |
| Select one (1)   * Change in setting * Change in population * Change in recruitment strategy * Change in implementation timeline * Change in partnerships/collaboration strategy * Change in staffing * Change in key activities or method of delivery * Other |  |  |  |  |

**Section D. Adaptations Made**

| **Adaptations** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Adaptation Description** | **Planned or Field** | **What Led to the Adaptation?** | **Does adaptation impact essential elements?** | **What resources are needed for this adaptation?** | **Describe how you are tracking and evaluating this adaptation** | **Impact of Adaptation** | **Future Plans** |
|  | Select one (1)  Planned  Field  *Was this adaptation planned or did it occur spontaneously during implementation?* | *Describe the reason for this adaptation.* | *Describe how this adaptation impacts any essential elements.* |  |  | *What was the influence or result(s) of the adaptation?* | Select one (1)   * Continue adaptation in current sites * Continue adaptation and implement adaptation in additional sites * Discontinue adaptation * Modify adaptation (Please describe): \_\_\_\_\_\_\_\_\_\_\_ * Other \_\_\_\_\_\_\_\_\_\_\_ |

**Section E. Progress on Evaluation Questions**

|  |
| --- |
| **Evaluation Question** |
| Question 1. To what extent did the Coalition or CCRs achieve high quality implementation of the program or policy effort during the project period? |
| Question 2. To what extent have targeted risk and protective factors of IPV outcomes across multiple levels of the social ecological model changed within the targeted communities or populations as a result of the program or policy effort? |
| Question 3. What factors are critical to implementing and sustaining this program or policy effort? |
| Question 4. In what ways has this program or policy effort contributed to achieving the overall NOFO objectives? |

Evaluation Progress Made and Data Collected During Reporting Period

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| --- |
|  |

|  |  |
| --- | --- |
| **Interim Findings** | **Corresponding Evaluation Questions (Select all that apply)** |
|  | * 1 * 2 * 3 * 4 |
|  | * 1 * 2 * 3 * 4 |

Planned Evaluation Activities in Next Reporting Period

|  |
| --- |
|  |

**Section F. Changes to Evaluation Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please describe any key changes you have made to this evaluation plan in the past year including the reason for making the changes.** | | | |
| **Type of Change** | **Describe the Change** | **Reason for Change** | **Notes** |
| Select one (1)   * Change in Evaluation Design * Change in Outcomes or Indicators * Change in Data Collection Methods or Sources * Change in Data Collection Population (including setting) * Change in Data Analysis, Synthesis, Interpretation Strategy * Change in Translation, Communication, Dissemination Strategy * - Other \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**Section G. Outcomes**

| **Outcome Examined** | **Type** | **SEM Level** | **Indicator Description** | **Unit** | **Data Source/Measure** | **Indicator Population** | **Year 5 Target** | **Current Value** | **Progress Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Insert Text | Select one (1)  Risk Factor  Protective Factor  Violence Outcome  Implementation  Other (please specify) | Select one (1)  Individual  Relationship  Community  Societal | Insert Text  *Provide indicator and data source, method, and frequency of collection or availability*  *Include the level of analysis* | Select one (1)  Number  Percent  Proportion  Other,  Unit Description: |  |  | Insert Numeric Value |  |  |

**Section H. Facilitators and Barriers**

|  | **Facilitator or Barrier** | | | **Action Planning** | | | **Impact in Reporting Period** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Facilitator or Barrier?** | **Potential or Actual Factor** | **Facilitator or Barrier Description** | **Action Steps** | **Needed Resources** | **Responsible Party** |
| Select one (1)  Implementation  Evaluation | Select one (1)  Facilitator  Barrier | Select one (1)  Potential  Actual |  |  |  |  |  |