

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 <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> 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)		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
	MM/DD/YYYY	Drop Down List (Year 1 – Year 5)		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
<i>More detail about this objective will be requested in other areas of the APR</i>					
Objective 2: Increase coordination of IPV work at the state and local level (REQUIRED)				Status of Objective <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> 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)		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
	MM/DD/YYYY	Drop Down List (Year 1 – Year 5)		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
<i>More detail about this objective will be requested in other areas of the APR</i>					
Objective 3: Increase the use of IPV prevention approaches that address the community and societal level of the SEM (REQUIRED)				Status of Objective <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
Key Milestones	Target Date for Completion	Project Year	How will you know this Milestone is Completed?	Status of Milestone	Notes

			Completed?		
	MM/DD/YYYY	Drop Down List (Year 1 – Year 5)		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
	MM/DD/YYYY	Drop Down List (Year 1 – Year 5)		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
<i>More detail about this objective will be requested in other areas of the APR</i>					
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 <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> 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)		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
	MM/DD/YYYY	Drop Down List (Year 1 – Year 5)		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
<i>More detail about this objective will be requested in other areas of the APR</i>					
Objective 2: Increase the evaluation of community and societal level IPV prevention programs and policy efforts within funded states (REQUIRED)				Status of Objective <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> 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)		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
	MM/DD/YYYY	Drop		<input type="checkbox"/> Completed	

		Down List (Year 1 - Year 5)		<input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
<i>More detail about this objective will be requested in other areas of the APR</i>					
Objective 3: Monitor changes in risk and protective factors associated with the NOFO activities being implemented (REQUIRED).				Status of Objective <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> 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)		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
	MM/DD/YYYY	Drop Down List (Year 1 - Year 5)		<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued <input type="checkbox"/> New	
<i>More detail about this objective will be requested in other areas of the APR</i>					

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

<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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?</p>
<p>Resources: What additional resources do you need? How do you plan to obtain these resources?</p>
<p>Technical Assistance: Do you need technical assistance from CDC? If yes, provide a description of your needs.</p>

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)
	<ul style="list-style-type: none"> • Government/Quasi-Government • Non-Profit/Tax-Exempt • Coalition • Business • Other _____ 	<ul style="list-style-type: none"> • Public Health/Health & Human Services • Criminal Justice/Legal • Education • Policy • Labor • Media • Business • Faith • Community Members/Grassroots • Youth • Multidisciplinary/Interdisciplinary • Other _____ 	<ul style="list-style-type: none"> • 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
		<ul style="list-style-type: none"> Gov-Federal Gov-State Gov - Local Foundation Non-Profit/Public Charity Business/Company Private Donor Other _____ 		<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> New Implementation New Evaluation Both 		<ul style="list-style-type: none"> 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 _____ 		<ul style="list-style-type: none"> 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)
	<ul style="list-style-type: none"> New Access New Use New Access AND New Use 			<ul style="list-style-type: none"> Publicly Available Purchase Shared Use/Data Share Agreement Unsure/Unknown Other _____ 	<ul style="list-style-type: none"> 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 _____
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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

Goal #	Facilitator or Barrier			Action Planning			Impact in Reporting Period
	Facilitator or Barrier?	Potential or Actual	Facilitator or Barrier Description	Action Steps	Needed Resources	Responsible Party	
#	<input type="checkbox"/> Facilitator <input type="checkbox"/> Barrier	<input type="checkbox"/> Potential <input type="checkbox"/> 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)
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 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
<ul style="list-style-type: none"> • 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
<p>Select one (1)</p> <input type="checkbox"/> Risk Factor <input type="checkbox"/> Protective Factor <input type="checkbox"/> Violence Outcome <input type="checkbox"/> Implementation <input type="checkbox"/> Other _____		<p>Select one (1)</p> <input type="checkbox"/> Individual <input type="checkbox"/> Relationship <input type="checkbox"/> Community <input type="checkbox"/> Societal	<p>Provide indicator and data source, method, and frequency of collection or availability</p>	<p>Select one (1)</p> <input type="checkbox"/> Number <input type="checkbox"/> Percent <input type="checkbox"/> Proportion <input type="checkbox"/> Other, <p>Unit Description:</p>			<p>Insert Numeric Value</p>		

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	
<p>Select one (1)</p> <input type="checkbox"/> Facilitator <input type="checkbox"/> Barrier	<p>Select one (1)</p> <input type="checkbox"/> Potential <input type="checkbox"/> 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)	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued			
2.	MM/DD/YYYY	Drop Down List (Year 1 - Year 5)	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued			
3.	MM/DD/YYYY	Drop Down List (Year 1 - Year 5)	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned <input type="checkbox"/> Discontinued			

Section B. Reach

	Setting	Description	Year 5 Target for Settings	Number of Settings Reached	Progress Notes
Primary	Select one (1) <input type="checkbox"/> Communities <input type="checkbox"/> Schools <input type="checkbox"/> Organizations		Insert Numeric Value	Insert Numeric Value	
Secondary	Select one (1) <input type="checkbox"/> Communities <input type="checkbox"/> Schools <input type="checkbox"/> 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
<p>Select one (1)</p> <ul style="list-style-type: none"> • 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
	<p>Select one (1)</p> <p><input type="checkbox"/> Planned</p> <p><input type="checkbox"/> Field</p> <p>Was this adaptation planned or did it occur spontaneously during implementation?</p>	Describe the reason for this adaptation.	Describe how this adaptation impacts any essential elements.			What was the influence or result(s) of the adaptation?	<p>Select one (1)</p> <ul style="list-style-type: none"> • 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

Interim Findings	Corresponding Evaluation Questions (Select all that apply)
	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4
	<ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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) <input type="checkbox"/> Risk Factor <input type="checkbox"/> Protective Factor <input type="checkbox"/> Violence Outcome <input type="checkbox"/> Implementation <input type="checkbox"/> Other (please specify)	Select one (1) <input type="checkbox"/> Individual <input type="checkbox"/> Relationship <input type="checkbox"/> Community <input type="checkbox"/> Societal	Insert Text <i>Provide indicator and data source, method, and frequency of collection or availability</i> <i>Include the level of analysis</i>	Select one (1) <input type="checkbox"/> Number <input type="checkbox"/> Percent <input type="checkbox"/> Proportion <input type="checkbox"/> Other, <u>Unit Description:</u>			Insert Numeric Value		

Section H. Facilitators and Barriers

Type	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) <input type="checkbox"/> Implementation <input type="checkbox"/> Evaluation	Select one (1) <input type="checkbox"/> Facilitator <input type="checkbox"/> Barrier	Select one (1) <input type="checkbox"/> Potential <input type="checkbox"/> Actual					