

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

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

Update the Objective Status (complete Comments on Objective if the status is Delayed or Discontinued) for each objective. Also update the Milestone Status for each milestone (complete Comments on Objective if the status is Delayed or Discontinued) and select the Program Year Milestone Completed. If the activity is in progress, select "Not Yet Complete."

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Goal #. Statement

Objective #. #		Objective Status	Comments on Objective	
Text (Character Limit: 500) Objective statement		Drop Down <input type="checkbox"/> In Progress (On track) <input type="checkbox"/> Delayed <input type="checkbox"/> Completed <input type="checkbox"/> Discontinued	Text (Character Limit: 500) Comment on delayed or discontinued work, <i>Conditionally Required</i>	
Milestone Description	Key Activities	Milestone Status	Program Year Milestone Completed	Milestone Comments
Text (Character Limit: 1000) Milestone	Text (Character Limit: 1000) Activities	Drop Down <input type="checkbox"/> In Progress (On track) <input type="checkbox"/> Delayed <input type="checkbox"/> Completed <input type="checkbox"/> Discontinued	Drop Down <input type="checkbox"/> Not Yet Complete <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3	Text (Character Limit: 500) Provide reasons for delayed or discontinued work, <i>Conditionally Required</i>

Button to add row to Milestone table

Button to add objectives

Objective/Milestone Status	What progress did you make so far during the reporting on this item?
Completed	All work is completed.
On Track	Work is in progress and is on track.
Delayed	Work has some delays.
Discontinued	Work has been stopped and discontinued.

Barriers, Facilitators, and Successes Form

SECTION: Barriers Encountered

Add all barriers encountered during the reporting period.

Did you experience barriers during this reporting period?
Drop Down <input type="checkbox"/> No barriers encountered and then Save, Validate, and Check in. <input type="checkbox"/> Yes, we experienced barriers (Record barriers in the table below)

Table: Barriers

If you experienced barriers during this reporting period, record those barriers in this table.

Each row should be a distinct barrier.

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Barrier Type	Describe the barrier and how it impacts your program's work.	Program 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?	Barrier Comments
Dropdown with other Response <input type="checkbox"/> Lack of Buy-in from partners or 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"/> COVID-19 <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <i>Conditionally Required</i>	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? <i>Conditionally Required</i>	Multiple responses <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 <i>Conditionally Required</i>	Text (Character Limit: 2000) Describe what action steps or resolutions were used or are planned to overcome it. <i>Conditionally Required</i>	Text (Character Limit: 2000) Describe resources used or needed to overcome the barrier. <i>Conditionally Required</i>	Text (Character Limit: 500) <i>Optional</i>

[Button to add row to table](#)

SECTION: Facilitators Encountered

Add all facilitators encountered during the reporting period.

<p>Did you experience facilitators during this reporting period?</p> <p>Drop Down</p> <input type="checkbox"/> No facilitators encountered and then Save, Validate, and Check in. <input type="checkbox"/> Yes, we experienced facilitators (Record facilitators in the table below)
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Table: Facilitators

If you experienced facilitators during this reporting period, record those facilitators in this table.

Each row should be a distinct facilitator.

Facilitator Type	Describe the facilitator and how it impacts your work.	Program Component	What resources were used?	Facilitator Comments
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<p>Dropdown with other Response</p> <ul style="list-style-type: none"> <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) <p><i>Conditionally Required</i></p>	<p>Text (Character Limit: 1000)</p> <p>Concisely describe a facilitator that supports and helps you achieve and be successful.</p> <p>Describe how this facilitator was leveraged for your efforts, and what would have happened if you did not have this facilitator.</p> <p><i>Conditionally Required</i></p>	<p>Multiple responses with other response</p> <ul style="list-style-type: none"> <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 <p><i>Conditionally Required</i></p>	<p>Text (Character Limit: 1000)</p> <p><i>Conditionally Required</i></p>	<p>Text (Character Limit: 500)</p> <p><i>Optional</i></p>
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SECTION: Successes

<p>Would you like to share any successes or accomplishments?</p>
<p>Drop Down</p> <ul style="list-style-type: none"> <input type="checkbox"/> No (Select Save, Validate, and Check in below). <input type="checkbox"/> Yes (Record accomplishments in the table below)

Table: Successes and Accomplishments

Please describe your successes and accomplishments. Add a new row for each separate accomplishment.

<p>What key accomplishments related to this NOFO has your state/territory/federal district achieved during this reporting period?</p>
<p>Text (Character limit: 6000)</p> <p>Describe specific accomplishments and successes made during the reporting period.</p> <p><i>Conditionally Required</i></p>

[Button to add row to table](#)

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

<p>Describe the activities planned for the upcoming budget period. Please include references and reasons for any key changes to the work plan for the upcoming budget period.</p>
<p>Text (Character Limit: 6000)</p>

Implementation of Prevention Strategies

<p>Describe the planned implementation of prevention strategies in the next 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.</p>
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Text (Character Limit: 8000)

Budgetary Implications

Provide any comments about 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

Describe what additional tools or resources your program needs to accomplish the proposed planned activities for the next budget period.

Text (Character Limit: 8000)

Technical Assistance

What types of training and technical assistance do you need? Please describe the areas or topics for training and technical assistance, such as program or evaluation.

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

Were there changes to the State Action Plan during this reporting period?

Drop Down

No (Continue to Progress on Priorities)

Yes (Record changes in the table below)

Table: Changes to State Action Plan

Describe changes made to the State Action Plan during this reporting period. Each row is a distinct State Action Plan Component.

State Action Plan Required Components	Describe the change, the reason for the change, and how it impacts your program's overarching work.
<p>Dropdown with Open Response</p> <p><input type="checkbox"/> Approach or Strategy</p> <p><input type="checkbox"/> Stakeholder/Partner</p> <p><input type="checkbox"/> State/local collaboration</p> <p><input type="checkbox"/> Resources/Funding</p> <p><input type="checkbox"/> Training/Technical Assistance</p> <p><input type="checkbox"/> Sustainability</p> <p><input type="checkbox"/> Health Disparities/Population of Interest</p> <p><input type="checkbox"/> Other (not listed): specify (Character Limit: 100)</p> <p><i>Conditionally Required</i></p>	<p>Text (Character Limit: 2000)</p> <p><i>Conditionally Required</i></p>

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SECTION: Progress on Priorities

Report on progress toward the State Action Plan required priorities that happened during this reporting period. If no progress was made, respond with "No progress this reporting period."

Addressing Health Disparities: Describe the key accomplishments made in this component. How did these accomplishments improve your program’s prevention efforts?
Text (Character Limit: 4000)
Capacity-Building Support to Unfunded Organizations: Describe the key accomplishments made in this component. How did these accomplishments improve your program’s prevention efforts?
Text (Character Limit: 4000)
Evaluation and Data Use Capacity: Describe the key accomplishments made in this component. How did these accomplishments improve your program’s prevention efforts?
Text (Character Limit: 4000)
Public/Private Partnership: Describe the key accomplishments made in this component. How did these accomplishments improve your program’s prevention efforts?
Text (Character Limit: 4000)
Strategy Implementation: Describe the key accomplishments made in this component. How did these accomplishments improve your program’s prevention efforts?
Text (Character Limit: 4000)
Training/Technical Assistance: Describe the key accomplishments made in this component. How did these accomplishments improve your program’s prevention efforts?
Text (Character Limit: 4000)

SECTION: Partnership

Report on the partner status and funding during this reporting period. If there are changes in how the partner is engaged in the state/territory/federal district SV prevention work, please make updates. *Each item is a distinct partner.*

Table: Partners

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)	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	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

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Name of the Organization			
<p>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.</p>			
<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)	<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)	<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 during this reporting period	Does your program provide RPE funding to this partner during this reporting period?	How is this partner engaged in the state/territory SV prevention work?	Comments
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) <i>Optional</i> Provide any additional information, if any not already captured about the partner in this optional text field.

[Button to add row to table](#)

SECTION: Data Use

Report on data used during this reporting period. If the preloaded data has not been used during this reporting period, delete the row. If there is additional data to report, add a row to the table.

Table: 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 has your program used to...?	Data Source Type	Description of data source obtained or used	Data Collector	Describe any barriers or challenges your program 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	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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What data has your program used to...?	Data Source Type	Description of data source obtained or used	Data Collector	Describe any barriers or challenges your program encounter in accessing this data source.
	<input type="checkbox"/> Interviews <input type="checkbox"/> Focus groups <input type="checkbox"/> Administrative data <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)			

Button to add row to table

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.

SECTION: Description and Purpose

Were there any changes to the coalition building during this reporting period? If yes, please describe the changes that were made to the coalition building effort:	
Drop Down <input type="checkbox"/> Yes, there were changes to the coalition building effort <input type="checkbox"/> No, there were no changes to the coalition building effort	Text (Character Limit: 2000) Please describe the changes that were made to the coalition building effort.

Coalition Building

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

Description

Briefly describe the coalition building.	
Text (Character Limit: 1000)	
What is the purpose or role of the coalition building?	What are the goals of the coalition building?
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	Text (Character Limit: 2000) Concisely describe the coalition building effort. What is intended to be accomplished by this effort?

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<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)	
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SECTION: Implementation Progress

Report the number of activities completed during the reporting period (e.g., number of educational sessions delivered). Add any new activities.

Implementers

Provide a brief description who is involved in the coalition building effort.
Text (Character Limit: 500) Concisely describe the implementers of the coalition building. Who is involved in ensuring the efforts are carried out?

Table: Activities

Update the number of activities completed during the reporting period. Add new and edit existing activities as needed.

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

Activity Type	Description of Activity	Purpose of Activity	Number of Activities Completed (Update from Year 2 APR)	Implementation Progress Notes
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 demonstrates progress on the coalition building or community mobilization implementation.	Text (Character Limit: 2000) Concisely describe how the activity serves and relates to the coalition building or community mobilization effort.	Integer: Report on the number of activities completed during the reporting period (e.g., number of educational sessions delivered).	Text (Character Limit: 500) <i>Optional</i> Any additional information you would like us to know

Button to add row to table

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.

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SECTION: Description

What is the status of this prevention strategy during this reporting period? If changes were made summarize them below:	
<p>Drop Down</p> <p><input type="checkbox"/> There are no changes to the prevention strategy (Select Save, Validate, and Check in below)</p> <p><input type="checkbox"/> There are changes to the prevention strategy (Summarize the changes and make updates below)</p> <p><input type="checkbox"/> This is a new prevention strategy</p>	<p>Text (Character Limit: 2000) Summarize the changes to the prevention strategy.</p>

Description of Prevention Strategy

Only complete additional questions if you selected "Other (not listed)" as the prevention strategy.

Name of Program, Policy, or Practice			
<p>Dropdown with Open Response</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <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 style="width: 50%; border: none; vertical-align: top;"> <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)		
OTHER: Briefly describe the program, policy, or practice.			
<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><i>Conditionally Required</i></p>			
OTHER: Which STOP SV approach does this program, policy, or practice address?	OTHER: Explain how this program, policy, or practice aligns or addresses the STOP SV approach selected.		
<p>Dropdown with Open Response</p> <p><input type="checkbox"/> Bystander approaches</p> <p><input type="checkbox"/> Mobilizing men and boys as allies</p> <p><input type="checkbox"/> Social-emotional learning</p> <p><input type="checkbox"/> Teach healthy, safe dating and intimate relationship skills to adolescents</p> <p><input type="checkbox"/> Promoting healthy sexuality</p>	<p>Text (Character Limit: 2000)</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><i>Conditionally Required</i></p>		

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<input type="checkbox"/> Empowerment-based training <input type="checkbox"/> Strengthening economic supports for women and families <input type="checkbox"/> Strengthening leadership and opportunities for girls <input type="checkbox"/> Improving safety and monitoring in schools <input type="checkbox"/> Establishing and consistently applying workplace policies <input type="checkbox"/> Addressing community-level risks through environmental approaches <input type="checkbox"/> Other (not listed): specify the STOP SV strategy with which this best aligns (Character Limit: 100) <i>Conditionally Required</i>	
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Delivery

Only complete the additional questions if you selected community mobilization or policy as the main method of delivery.

What is the main way this program, policy, or practice is delivered?	
Dropdown <input type="checkbox"/> Educational curriculum <input type="checkbox"/> Social marketing <input type="checkbox"/> Social media campaign <input type="checkbox"/> Built environment change <input type="checkbox"/> Organizational policy change (Complete questions below) <input type="checkbox"/> Policy education or implementation (Complete questions below) <input type="checkbox"/> Community mobilization (Complete questions below)	
COMMUNITY MOBILIZATION OR POLICY: Please further describe the focus of the effort.	
Text (Character Limit: 2000) <i>Conditionally Required</i>	
POLICY: Policy Type	POLICY: Policy Focus
Dropdown with Open Response <input type="checkbox"/> Local ordinance <input type="checkbox"/> Procedure <input type="checkbox"/> Administrative action <input type="checkbox"/> Incentive <input type="checkbox"/> Organizational contract <input type="checkbox"/> Rule/regulation <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <i>Conditionally Required</i>	Dropdown with Open Response <input type="checkbox"/> Climate and safety <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Alcohol <input type="checkbox"/> Comparable worth/Pay equity <input type="checkbox"/> Paid leave <input type="checkbox"/> Housing <input type="checkbox"/> Trauma informed <input type="checkbox"/> Family friendly workplace <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <i>Conditionally Required</i>

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Evidence of Effectiveness

Evidence of Effectiveness: Only complete this section if you selected "Other (not listed)" as the prevention strategy.

OTHER: What is the evidence for the effectiveness of the program, policy, or practice in addressing the identified sexual violence problem?	
Evidence	OTHER: Describe the evidence of effectiveness
<p>Dropdown with Open Response</p> <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) <i>Conditionally Required</i>	<p>Text (Character Limit: 2000)</p> <p>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.</p> <p><i>Conditionally Required</i></p>
OTHER: What are the reasons for selecting this prevention strategy?	
<p>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?</p> <p><i>Conditionally Required</i></p>	
OTHER, NOT POLICY: Describe the essential content, delivery, and implementer characteristics of this prevention strategy.	
What – Describe the Essential Content	<p>Text (Character Limit: 4000)</p> <p><i>Conditionally Required</i></p>
How – Describe the Essential Delivery	<p>Text (Character Limit: 4000)</p> <p><i>Conditionally Required</i></p>
Who – Describe the Essential Implementer’s Characteristics	<p>Text (Character Limit: 4000)</p> <p><i>Conditionally Required</i></p>

SECTION: Population of Focus and Reach

Indicate whether changes were made to the population or setting of focus during the reporting period and if so, describe the changes. Complete the section on Reach.

Were there any changes to the population and setting of focus during this reporting period? If yes, explain:	
<p>Drop Down</p> <input type="checkbox"/> Yes (Summarize changes and make updates below, including Reach) <input type="checkbox"/> No (Complete Reach section below)	<p>Text (Character Limit: 2000) If yes, explain</p>

Population of Focus

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)		
<input type="checkbox"/> No Specific Community or Population <input type="checkbox"/> LGBTQ Communities <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated or Formerly Incarcerated <input type="checkbox"/> Migrant Workers <input type="checkbox"/> Military	<input type="checkbox"/> Adolescent <input type="checkbox"/> African American or Black Population <input type="checkbox"/> Asian Population <input type="checkbox"/> Children and Families	<input type="checkbox"/> 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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- | | | |
|---|--|---|
| <input type="checkbox"/> Poor or Economically Disadvantaged | <input type="checkbox"/> Elder | <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) |
| <input type="checkbox"/> People with Disabilities | <input type="checkbox"/> Foster Youths or Families | |
| <input type="checkbox"/> Perpetrators of Crimes or Violence | <input type="checkbox"/> Hispanic or Latino Population | |
| <input type="checkbox"/> Rural | <input type="checkbox"/> Immigrants or Refugees | |
| <input type="checkbox"/> Tribal Communities | <input type="checkbox"/> Men and Boys | |
| <input type="checkbox"/> Urban Communities | <input type="checkbox"/> Pacific Islanders Population | |
| <input type="checkbox"/> Veterans | <input type="checkbox"/> Parents and Families | |
| <input type="checkbox"/> Victims of Crimes or Violence | <input type="checkbox"/> Single Parents | |
| <input type="checkbox"/> Vulnerable or At-Risk Population | <input type="checkbox"/> Women and Girls | |

Please indicate the types of individuals or organizations that you are focusing on and who you intend to affect.

Multiple responses with other response:

Types of Individuals	Types of Organizations	Types of Communities
<input type="checkbox"/> Students	<input type="checkbox"/> Schools or Universities	<input type="checkbox"/> School District
<input type="checkbox"/> Youths	<input type="checkbox"/> Governmental Agencies	<input type="checkbox"/> County
<input type="checkbox"/> Teachers/Professors	<input type="checkbox"/> Non-Government Agencies	<input type="checkbox"/> City
<input type="checkbox"/> School Administrators	<input type="checkbox"/> Non-Profits	<input type="checkbox"/> Census Tract/Zip Code
<input type="checkbox"/> School Staff	<input type="checkbox"/> Businesses	<input type="checkbox"/> Commercial District
<input type="checkbox"/> Policy Makers	<input type="checkbox"/> Bars	<input type="checkbox"/> Neighborhood
<input type="checkbox"/> Parents	<input type="checkbox"/> Homes	<input type="checkbox"/> Territory Area
<input type="checkbox"/> Healthcare Professionals	<input type="checkbox"/> Employers	<input type="checkbox"/> Park and Recreational Area
<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"/> Residents	<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)		

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 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?

Reach

Enter the number of individuals from the population of focus that were affected by or exposed to the prevention strategy. Individual reach should be reported for all programs, policies, or practices.

Number of Individuals Reached
Integer: Enter the number of individuals from the population of focus affected by or exposed to the program, policy, or practice

Number of Schools Reached

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<p>Integer: Enter the number of Schools from the population of focus affected by or exposed to the program, policy, or practice No data to report? Drop Down</p> <p><input type="checkbox"/> Data is missing (program unable to collect) <input type="checkbox"/> Data is not applicable (program does not collect)</p>
<p>Number of Organizations Reached</p> <p>Integer: Enter the number of organizations from the population of focus affected by or exposed to the program, policy, or practice No data to report? Drop Down</p> <p><input type="checkbox"/> Data is missing (program unable to collect) <input type="checkbox"/> Data is not applicable (program does not collect)</p>
<p>Number of Communities Reached</p> <p>Integer: Enter the number of communities from the population of focus affected by or exposed to the program, policy, or practice No data to report? Drop Down</p> <p><input type="checkbox"/> Data is missing (program unable to collect) <input type="checkbox"/> Data is not applicable (program does not collect)</p>

SECTION: Risk and Protective Factors and Violence Outcomes

<p>Were there any changes to the risk and protective factors and violence outcomes during this reporting period? If yes, explain:</p>	
<p>Drop Down</p> <p><input type="checkbox"/> Yes (Summarize changes and make updates below) <input type="checkbox"/> No (Select Save, Validate, and Check in below)</p>	<p>Text (Character Limit: 2000) If yes, explain</p>

<p>Provide a narrative description of the outcomes and risk and protective factors that is the policy, program, or practice intend to change.</p>			
<p>Text (Character Limit: 2000) Concisely describe risk and protective factors that the program, policy, or practice intend to directly affect.</p>			
<p>What risk and protective factors does this program, policy, or practice address?</p>			
<p>Multiple responses with other response:</p>			
Individual Risk Factors	Relationship Risk Factors	Community Risk Factors	Societal Risk Factors

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- | | | | |
|---|--|--|---|
| <ul style="list-style-type: none"> <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) | <ul style="list-style-type: none"> <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) | <ul style="list-style-type: none"> <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) | <ul style="list-style-type: none"> <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) |
|---|--|--|---|

- | | | | |
|---|---|---|---|
| <p>Individual Protective Factors</p> <ul style="list-style-type: none"> <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) | <p>Relationship Protective Factors</p> <ul style="list-style-type: none"> <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) | <p>Community Protective Factors</p> <ul style="list-style-type: none"> <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) | <p>Societal Protective Factors</p> <ul style="list-style-type: none"> <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) |
|---|---|---|---|

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

Text (Character Limit: 2000)
 Concisely describe how the program, policy, or practice addresses the selected risk and protective factors among the population of focus. How is the program, policy, or practice appropriate for the sexual violence problem identified among the selected population and setting of focus?

What types of violence and injury outcomes does the program, policy, or practice directly address?

- Multiple responses with other response:
- Sexual Violence
 - Child Abuse and Neglect
 - Child Sexual Abuse
 - Human Trafficking
 - Youth Violence
 - Intimate Partner Violence
 - Teen Dating Violence

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<input type="checkbox"/> Suicide <input type="checkbox"/> Other (not listed): specify (Character Limit: 100)

SECTION: Adaptation

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

Were there any changes to the adaptations during this reporting period? If yes, explain:	
Drop Down <input type="checkbox"/> Yes (Summarize changes and make updates below) <input type="checkbox"/> No (Select Save, Validate, and Check in below)	Text (Character Limit: 2000) Summarize the changes made to adaptations:

Table: Adaptations

Adaptation Description			
Text (Character Limit: 1000) Concisely describe how the program, policy, or practice addresses the selected risk and protective factors among the population of focus. How is the program, policy, or practice appropriate for the sexual violence problem identified among the selected population and setting of focus? <i>Conditionally Required</i>			
Which element of the program did you change or adapt?	Type of Adaptation	Reason for Adaptation	Describe the reason for this adaptation.
Drop Down <input type="checkbox"/> Content <input type="checkbox"/> Design element <input type="checkbox"/> Policy component <input type="checkbox"/> Delivery or method <input type="checkbox"/> Implementer <i>Conditionally Required</i>	Dropdown with Open Response <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) <i>Conditionally Required</i>	Drop Down <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 fit with context <input type="checkbox"/> To align with the implementer’s facilitation style <input type="checkbox"/> Other (not listed): specify (Character Limit: 100) <i>Conditionally Required</i>	Text (Character Limit: 2000) Concisely describe what led to this adaptation and how the adaptation was decided. <i>Conditionally Required</i>
Was this adaptation made before or made during delivery?	What was the result or impact of the adaptation?	Plan for this Adaptation in Future Implementation Cycles	Adaptation Notes
Drop Down <input type="checkbox"/> Made before implementation started <input type="checkbox"/> Made during implementation <i>Conditionally Required</i>	Text (Character Limit: 2000) How did the adaptation affect implementation or uptake of the program, policy, or practice? How did the adaptation affect its effectiveness? <i>Conditionally Required</i>	Drop Down <input type="checkbox"/> Keep <input type="checkbox"/> Change <input type="checkbox"/> Omit <input type="checkbox"/> Adapt across sites <input type="checkbox"/> No plans	Text (Character Limit: 500) <i>Optional</i>

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		<i>Conditionally Required</i>	
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How you plan to track and monitor these adaptations?
Text (Character Limit: 2000) Describe how the adaptations will be tracked and monitored. <i>Conditionally Required</i>

SECTION: Implementation Measures

Were there any changes to the implementation of this prevention strategy during this reporting period? If yes, explain:	
Drop Down <input type="checkbox"/> Yes (Summarize changes and make updates below) <input type="checkbox"/> No (Update number of implementers and activities completed)	Text (Character Limit: 2000) If yes, explain

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

Implementation Progress

Update the number of activities completed during the reporting period. Add new or edit existing activities as needed.

Table: Implementation Activities

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

Activity Type	Description of Activity	Purpose of Activity	Number of Activities Completed	Implementation 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 demonstrates 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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SECTION: Resources

Were there any changes to your resources for this program, policy, or practice during this reporting period? If yes, explain:	
Drop Down <input type="checkbox"/> Yes (Summarize the changes) <input type="checkbox"/> No (Select Save, Validate, and Check in below)	Text (Character Limit: 1000) If yes, explain

How much of this program, policy, or practice was funded by RPE?
Drop Down <input type="checkbox"/> Fully funded by RPE <input type="checkbox"/> Funded in part by RPE

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

Changes to Evaluation Plan

Were there any changes to the evaluation plan during this reporting period?
Drop Down <input type="checkbox"/> Yes (Complete table below) <input type="checkbox"/> No (Select Save, Validate, and Check in below)

Table: Changes to Evaluation Plan

Describe the change, the reason for the change, and how it impacts your overall work.

Evaluation Plan Change	Describe the Change	Reason for the Change	How does this change impact your overall work?
Dropdown with Open Response <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) <i>Conditionally Required</i>	Text (Character Limit: 2000) Concisely describe the change <i>Conditionally Required</i>	Text (Character Limit: 2000) Concisely describe the reason for the change <i>Conditionally Required</i>	Text (Character Limit: 500) Provide any additional information about this change that has not yet been captured. <i>Conditionally Required</i>

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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:6000) <i>Optional</i>
Please describe your progress on analysis, interpretation, and synthesis during this reporting period
Text Area (Character Limit: 5000) <i>Optional</i>

Continuous Quality Improvement (CQI)

Describe the change, the reason for the change, and how it impacts your overall work.

Describe the process and plan for evaluation findings and how data will be used for CQI.
Text Area (Character Limit: 2000) <i>Optional</i>
Describe the process for engaging and promoting CQI among sub-recipients.
Text Area (Character Limit: 1000) <i>Optional</i>
Describe methods for CQI and how lessons learned will be shared with sub-recipients.
Text Area (Character Limit: 1000) <i>Optional</i>
Please describe your program’s progress on CQI and facilitating use of data.
Text Area (Character Limit: 2000) <i>Optional</i>

SECTION: Progress on Addressing Evaluation Questions

Table: Evaluation Questions

Rows for each Evaluation Question are Prefilled for the recipients. They are then able to add extra rows with Other evaluation questions if the want to.

Evaluation Question	What progress have you made on this evaluation question? (e.g., data collected to date)	Notes
Drop Down	Text Area (Character Limit: 5000)	Text Area (Character Limit: 1000)

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<ul style="list-style-type: none"> <input type="checkbox"/> Q1 Partnership: To what extent has the state built or enhanced partnerships for SV prevention? <input type="checkbox"/> Q2 Data Use: To what extent has the recipient used data to select and prioritize the sub-recipients, the prevention strategies and approaches and the population of focus? <input type="checkbox"/> Q3 Risk and Protective Factors: To what extent have targeted risk and protective factors for SV outcomes changed at the state level? <input type="checkbox"/> Q4 Implementation: To what extent have selected prevention strategies been implemented in the state? <input type="checkbox"/> Q5 Contextual Factors: Which factors are critical for implementing selected prevention strategies and approached? <input type="checkbox"/> Q6 Alignment: To what extent are sub-recipient activities aligned with state level goals and outcomes stated in the state action plan and recipient work plan? <input type="checkbox"/> Other (not listed): specify (Character Limit: 250) 	<p><i>Optional</i></p>	<p><i>Optional</i></p>
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SECTION: Indicators

Table: Risk and Protective Factors & Violence Outcomes

Description of Outcome	Risk and Protective Factor Category	Indicators	Data Sources	Summary of Trends for the Outcome	Outcome Notes
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Text Area (Character Limit: 2000) <i>Optional</i>	<p>Drop Down</p> <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) <i>Optional</i>	Text Area (Character Limit: 5000) <i>Optional</i>	Text Area (Character Limit: 5000) <i>Optional</i>	Text Area (Character Limit: 6000) <i>Optional</i>	Text Area (Character Limit: 1000) <i>Optional</i>
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Table: Other Outcomes

Description of Outcome	Indicators	Data Sources	Summary of Trends for the Outcome	Outcome Notes
Text Area (Character Limit: 2000) <i>Optional</i>	Text Area (Character Limit: 5000) <i>Optional</i>	Text Area (Character Limit: 5000) <i>Optional</i>	Text Area (Character Limit: 6000) <i>Optional</i>	Text Area (Character Limit: 1000) <i>Optional</i>

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SECTION: Translation, Communication, Dissemination

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: 6000)
Optional

Table: Products

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 Audience	Audience Type	Impact & Contribution	To how many are you disseminating?	
Text Area (Character Limit: 2000) <i>Optional</i>	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) <i>Optional</i>	Text Area (Character Limit: 2000) <i>Optional</i>	Text Area (Character Limit: 2000) <i>Optional</i>	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) <i>Optional</i>	Text Area (Character Limit: 5000) <i>Optional</i>	Integer OR No data to report? Drop Down <input type="checkbox"/> Data is missing (program unable to collect) <input type="checkbox"/> Data is not applicable (program does not collect) <i>Optional</i>	Unit Drop Down <input type="checkbox"/> Individuals <input type="checkbox"/> Organizations <i>Optional</i>

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