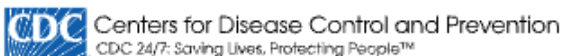


Form Approved
 OMB NO: 0920-1286
 Exp. Date: 03/31/2023

Public reporting burden of this collection of information is estimated at 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/Information Collection Review Office, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-xxxx).



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Rape Prevention and Education (1902): Test Organization Forms

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Year 3 Year 2 COVID Year 1 Documents

Form Name	Submission Year	Submission Status	Form Set
APR 2021 Year 3			Status: In Progress
Form 1: Work Plan 2021	Year 3	2 Days Left	APR 2021 Year 3 + Add Form 1: Work Plan 2021
Submission Name		Status	Action
Goal 1		In Progress	Actions -
Form 2: Continuation Narrative 2021	Year 3	2 Days Left	APR 2021 Year 3
Form 3: Barriers, Facilitators, and Successes 2021	Year 3	2 Days Left	APR 2021 Year 3
Form 4: State Action Plan 2021	Year 3	2 Days Left	APR 2021 Year 3
Form 5: Coalition Building 2021	Year 3	2 Days Left	APR 2021 Year 3 + Add Form 5: Coalition Building 2021
Form 6: Prevention Strategy 2021	Year 3	2 Days Left	APR 2021 Year 3 + Add Form 6: Prevention Strategy 2021
Submission Name		Status	Action
Strategy A		In Progress	Actions -
Strategy B		Not Started	Actions -
Form 7: Evaluation 2021	Year 3	2 Days Left	APR 2021 Year 3

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Form 1: Work Plan 2021



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Rape Prevention and Education (1902) : Form 1: Work Plan 2021 : Goal 1 : Sections

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Section Name

Checked Out By

Last Edit Date

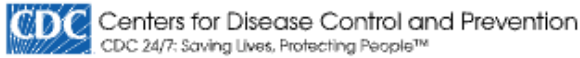
Section 1: Progress on Goals

[Actions](#) ▾

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Section 1: Progress on Goals



Form 1: Work Plan 2021 : Section 1: Progress on Goals

Funding Opportunity Rape Prevention and Education (1902)	Organization Name Test Organization (CDC)	Submission Name Goal 1	Reporting Year Year 3	Form Set Name APR 2021 Year 3
--	---	----------------------------------	---------------------------------	---

Instructions

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."

Goal *

1 1/250

Objective *

1.1 3/500

Objective Status *
Select One

Comments on Objective
Provide reasons for delayed or discontinued work 0/500

Actions: + Add, ^ Collapse, Export CSV, Columns Search

Milestones Table

Milestone Description	Key Activities	Milestone Status	Program Year Milestone Completed	Milestone Comments	Actions
test description	activity 1 and activity 2	In Progress (on track)	Not Yet Complete		Actions

▼ Expand **Delete**

Objective *

Objective 0/500

+ Add Objective

⌂ Back to Sections **Save Progress** **Save, Validate, and Check in**

Table: Milestones

Milestones Table x

Milestone Description * 0/1000

Key Activities * 0/1000

Milestone Status * ▼

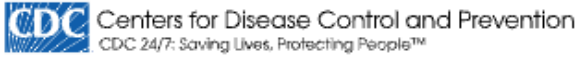
Program Year Milestone Completed * ▼

Milestone Comments 0/500

Close **Save**

Provide reasons for delayed or discontinued work

Form 2: Continuation Narrative 2021



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Rape Prevention and Education (1902) : Form 2: Continuation Narrative 2021 : Test

Continuation Narrative : Sections

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Section Name	Checked Out By	Last Edit Date
Section 1: Summary of Work Plan Activities for Next Budget Year		Actions ▾
Section 2: Implementation of Prevention Strategies		Actions ▾
Section 3: Budgetary Implications		Actions ▾
Section 4: Needed Resources		Actions ▾
Section 5: Technical Assistance		Actions ▾

Showing 1 to 5 of 5 entries

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Section 1: Summary of Work Plan Activities for Next Budget Year



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Form 2: Continuation Narrative 2021 : Section 1: Summary of Work Plan Activities for Next Budget Year

Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
Rape Prevention and Education (1902)	Test Organization (CDC)	Test Continuation Narrative	Year 3	APR 2021 Year 3

Describe the activities planned for the upcoming budget period. Please include references and reasons for any key changes to the work plan for the next budget period. *

Describe the activities 23/8000

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Section 2: Implementation of Prevention Strategies



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Form 2: Continuation Narrative 2021 : Section 2: Implementation of Prevention Strategies


Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
Rape Prevention and Education (1902)	Test Organization (CDC)	Test Continuation Narrative	Year 3	APR 2021 Year 3

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. *

Description of what we plan to implement 40/8000

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Section 3: Budgetary Implications



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Form 2: Continuation Narrative 2021 : Section 3: Budgetary Implications

Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
Rape Prevention and Education (1902)	Test Organization (CDC)	Test Continuation Narrative	Year 3	APR 2021 Year 3


Provide any comments to budgetary issues that might impede the success or completion of the project as originally proposed and approved. Describe any implications the changes to the work plan may have on the budget. *

The budgetary implications are...

33/6000

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Section 4: Needed Resources



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Form 2: Continuation Narrative 2021 : Section 4: Needed Resources

Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
Rape Prevention and Education (1902)	Test Organization (CDC)	Test Continuation Narrative	Year 3	APR 2021 Year 3

Instructions
Reminder: Include needed resources for ALL areas, including State Action Plan, coalition building, prevention strategies, and evaluation since the resource needs questions have been removed from those forms.

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

We need these resources...

28/6000

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Section 5: Technical Assistance



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Form 2: Continuation Narrative 2021 : Section 5: Technical Assistance

Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
Rape Prevention and Education (1902)	Test Organization (CDC)	Test Continuation Narrative	Year 3	APR 2021 Year 3

Instructions

Reminder: Include needed training and technical assistance for ALL areas, including State Action Plan, coalition building, prevention strategies, and evaluation since the TA needs questions have been removed from those forms.

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. *

Training and Technical Assistance needs are...

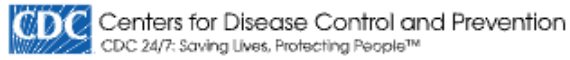
48/8000

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Form 3: Barriers, Facilitators, and Successes 2021



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Rape Prevention and Education (1902) : Form 3: Barriers, Facilitators, and Successes 2021 :

TEST BFS : Sections

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Section Name	Checked Out By	Last Edit Date	
Section 1: Barriers			Actions -
Section 2: Facilitators			Actions -
Section 3: Successes			Actions -

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Section 1: Barriers



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Form 3: Barriers, Facilitators, and Successes 2021 : Section 1: Barriers

Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
Rape Prevention and Education (1902)	Test Organization (CDC)	TEST BFS	Year 3	APR 2021 Year 3

Instructions
 Add all barriers encountered during the reporting period.

Did you experience barriers during this reporting period? *

Select One

+ Add
^ Collapse
📄 Export CSV
📄 Columns

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

Barrier Type	Describe the barrier and how it impacts your 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	Actions
Implementation issues	Description	Work Plan, Evaluation,	Actions Taken	Resources used	Barrier comments	Actions -

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💾 Save Progress
✅ Save, Validate, and Check in

Table: Barriers

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

Barrier Type *	Select One ▼
Describe the barrier and how it impacts your work. *	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? 0/5000
Program Component *	Select all that apply ▼
What actions were taken or would be helpful to address the barrier? *	Describe what action steps or resolutions were used or are planned to overcome it. 0/2000
What resources are used or would be helpful to address the barrier? *	Describe resources used or needed to overcome the barrier. 0/2000
Barrier Comments	Barrier Comments 0/500

Close Save

Section 2: Facilitators



Form 3: Barriers, Facilitators, and Successes 2021 : Section 2: Facilitators

Funding Opportunity Rape Prevention and Education (1902)	Organization Name Test Organization (CDC)	Submission Name TEST BFS	Reporting Year Year 3	Form Set Name APR 2021 Year 3
--	---	------------------------------------	---------------------------------	---

Instructions
Add all facilitators encountered during the reporting period.

Did you experience facilitators during this reporting period? *

Select One ▼

+ Add
▲ Collapse
📄 Export CSV
📄 Columns
Search

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

Facilitator Type	Describe the facilitator and how it impacts your work.	Program Component	What resources were used?	Facilitator Comments	Actions
Strong partners/stakeholders	Concisely describe a facilitator that supports and helps you achieve...	Work Plan,	What resources were used?	Facilitator Comments	Actions -

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💾 Save Progress
✅ Save, Validate, and Check in

Table: Facilitators

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

Facilitator Type *	Select One ▼
Describe the facilitator and how it impacts your work. *	Concisely describe a facilitator that supports and helps you achieve and be successful. Describe how this facilitator was leveraged for your efforts, and what would have happened if you did not have this facilitator. 0/1000
Program Component *	Select all that apply ▼
What resources were used? *	What resources were used? 0/1000
Facilitator Comments	Facilitator Comments 0/600

Close Save

Section 3: Successes



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Form 3: Barriers, Facilitators, and Successes 2021 : Section 3: Successes

Funding Opportunity Rape Prevention and Education (1902)	Organization Name Test Organization (CDC)	Submission Name TEST BFS	Reporting Year Year 3	Form Set Name APR 2021 Year 3
--	---	------------------------------------	---------------------------------	---

Would you like to share any successes or accomplishments? *

Select One

+ Add Collapse Export CSV Columns Search

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

What key accomplishments related to this NOFO has your state/territory/federal district achieved during this reporting period?	Actions
What specific successes and accomplishments did your program make during...	Actions

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Table: Successes

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

What key accomplishments related to this NOFO has your state/territory/federal district achieved during this reporting period? *	What specific successes and accomplishments did your program make during this reporting period? Please include factors that made these accomplishments possible.
--	--

Close Save

Form 4: State Action Plan 2021



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Rape Prevention and Education (1902) : Form 4: State Action Plan 2021 : SAP test : Sections

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Section Name	Checked Out By	Last Edit Date	
Section 1: Changes to State Action Plan			Actions ⌵
Section 2: Progress on Priorities			Actions ⌵
Section 3: Partnerships			Actions ⌵
Section 4: Data Use			Actions ⌵

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Section 1: Changes to State Action Plan



Form 4: State Action Plan 2021 : Section 1: Changes to State Action Plan

Funding Opportunity Rape Prevention and Education (1902)	Organization Name Test Organization (CDC)	Submission Name SAP test	Reporting Year Year 3	Form Set Name APR 2021 Year 3
--	---	-----------------------------	--------------------------	----------------------------------

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

Select One ▼

+ Add ^ Collapse 📄 Export CSV 📄 Columns Search

Describe changes made to the State Action Plan during this reporting period.

State Action Plan Component	Describe the change, the reason for the change, and how it impacts your program's overarching work.	Actions
Approach or Strategy	Describe the change, the reason for the change, and how...	Actions

Table: Changes to State Action Plan

Describe changes made to the State Action Plan during this reporting period. ✕

State Action Plan Component *	<div style="border: 1px solid gray; padding: 5px;">Select One ▼</div>
Describe the change, the reason for the change, and how it impacts your program's overarching work. *	<div style="border: 1px solid gray; padding: 5px; min-height: 40px;">Describe the change, the reason for the change, and how it impacts your program's overarching work.</div>

Close Save

Section 2: Progress on Priorities



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Form 4: State Action Plan 2021 : Section 2: Progress on Priorities

Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
Rape Prevention and Education (1902)	Test Organization (CDC)	SAP test	Year 3	APR 2021 Year 3

Instructions
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? *

Addressing Health Disparities: Describe the key accomplishments made in this component. How did these accomplishments improve your program's prevention efforts?

0/4000

Capacity-Building Support to Unfunded Organizations: Describe the key accomplishments made in this component. How did these accomplishments improve your program's prevention efforts? *

Capacity-Building Support to Unfunded Organizations: Describe the key accomplishments made in this component. How did these accomplishments improve your program's prevention efforts?

0/4000

Evaluation and Data Use Capacity: Describe the key accomplishments made in this component. How did these accomplishments improve your program's prevention efforts? *

Evaluation and Data Use Capacity: Describe the key accomplishments made in this component. How did these accomplishments improve your program's prevention efforts?

0/4000

Public/Private Partnership: Describe the key accomplishments made in this component. How did these accomplishments improve your program's prevention efforts? *

Public/Private Partnership: Describe the key accomplishments made in this component. How did these accomplishments improve your program's prevention efforts?

0/4000

Strategy Implementation: Describe the key accomplishments made in this component. How did these accomplishments improve your program's prevention efforts? *

Strategy Implementation: Describe the key accomplishments made in this component. How did these accomplishments improve your program's prevention efforts?

0/4000

Training/Technical Assistance: Describe the key accomplishments made in this component. How did these accomplishments improve your program's prevention efforts? *

Training/Technical Assistance: Describe the key accomplishments made in this component. How did these accomplishments improve your program's prevention efforts?

0/4000

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Section 3: Partnerships



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Form 4: State Action Plan 2021 : Section 3: Partnerships

Funding Opportunity: Rape Prevention and Education (1902) Organization Name: Test Organization (CDC) Submission Name: SAP test Reporting Year: Year 3 Form Set Name: APR 2021 Year 3

Instructions
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.

Name of Organization	Type of Organization	Sector	Special Focus / Emphasis of the Organization	Partner Status during this reporting period	Did your program provide RPE funding to this partner during this reporting period?	How is this partner engaged in the state/territory/federal district SV prevention work?	Comments	Actions
Name of Organization	Coalition, State	Education	Culturally relevant	New, acquired during this reporting period	Yes	Concisely describe how this partner is engaged in the state/territory/federal...	Comments	Actions -


Table: Partnerships

The image shows a screenshot of a web-based form titled "Partnerships". The form is contained within a light purple header bar with a close button (X) in the top right corner. The form fields are as follows:

- Name of Organization ***: A text input field with the placeholder "Name of Organization" and a character count of 0/1500.
- Type of Organization ***: A dropdown menu with "Select One" and a downward arrow.
- Sector ***: A dropdown menu with "Select One" and a downward arrow.
- Special Focus / Emphasis of the Organization ***: A dropdown menu with "Select One" and a downward arrow.
- Partner Status during this reporting period ***: A dropdown menu with "Select One" and a downward arrow.
- Did your program provide RPE funding to this partner during this reporting period? ***: A dropdown menu with "Select One" and a downward arrow.
- How is this partner engaged in the state/territory/federal district SV prevention work? ***: A text area with the placeholder "Concisely describe how this partner is engaged in the state/territory/federal district sexual violence prevention efforts." and a character count of 0/1000.
- Comments ***: A text area with the placeholder "Comments" and a character count of 0/500.

At the bottom right of the form, there are two buttons: a grey "Close" button and a blue "Save" button.

Section 4: Data Use



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Form 4: State Action Plan 2021 : Section 4: Data Use

Funding Opportunity Rape Prevention and Education (1902)	Organization Name Test Organization (CDC)	Submission Name SAP test	Reporting Year Year 3	Form Set Name APR 2021 Year 3
---	--	-----------------------------	--------------------------	----------------------------------

Instructions
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.

+ Add
^ Collapse
Export CSV
Columns

What data has your RPE program used to select populations of focus, select 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 encountered in accessing this data source.	Actions
Select population of focus (Data Driven Population of Focus)	Surveillance data	Concisely describe the data source that was used or obtained...	Concisely describe who collects the data or from where the...	Concisely describe any barriers or challenges encountered in accessing this...	<div style="background-color: #2c3e50; color: white; padding: 2px 5px; border-radius: 3px;">Actions ▾</div>

Back to Sections

Save Progress

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Table: Data Use

What data has your RPE program used to select populations of focus, select 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 * 0/500

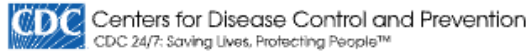
Data Collector * 0/500

Describe any barriers or challenges your program encountered in accessing this data source. * 0/500

Close

Save

Form 5: Coalition Building 2021



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Rape Prevention and Education (1902) : Form 5: Coalition Building 2021 : Test : Sections

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Section Name	Checked Out By	Last Edit Date	
Section 1: Description and Purpose			Actions ▾
Section 2: Implementation Progress			Actions ▾

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Section 1: Description and Purpose



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Form 5: Coalition Building 2021 : Section 1: Description and Purpose

Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
Rape Prevention and Education (1902)	Test Organization (CDC)	Test	Year 3	APR 2021 Year 3

Instructions

Indicate whether changes were made to this coalition building effort during this reporting period.

Were there any changes to this coalition building effort during this reporting period? *

Select One ▾

What is the name of the coalition building effort? *

What is the name of the coalition building effort?

0/200

Briefly describe the coalition building effort. *

Briefly describe the coalition building effort.

0/1000

What is the purpose or role of the coalition building effort? *

Select One ▾

What are the goals of the coalition building? *

What are the goals of the coalition building?

0/2000

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Section 2: Implementation Progress



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Form 5: Coalition Building 2021 : Section 2: Implementation Progress

Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
Rape Prevention and Education (1902)	Test Organization (CDC)	Test	Year 3	APR 2021 Year 3

Instructions
 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 of the implementers involved in the coalition building effort. *

Provide a brief description of the implementers involved in the coalition building effort.

0/500

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

Activity Type	Description of Activity	Purpose of Activity	Number of Activities Completed (Update number from Year 2 APR)	Implementation Progress Notes	Actions
Training sessions	asdfasdf	asdfasdf	3245	asdfasdf	Actions ▾

Table: Coalition Implementation Progress

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

Activity Type *

Description of Activity * 0/2000

Purpose of Activity * 0/2000

Number of Activities Completed (Update number from Year 2 APR) *

Implementation Progress Notes 0/500

Form 6: Prevention Strategy 2021



Rape Prevention and Education (1902) : Form 6: Prevention Strategy 2021 : Strategy A : Sections

Section Name	Checked Out By	Last Edit Date	
Section 1: Description			<input type="button" value="Actions -"/>
Section 2: Population of Focus and Reach			<input type="button" value="Actions -"/>
Section 3: Risk and Protective Factors and Violence Outcomes			<input type="button" value="Actions -"/>
Section 4: Adaptation			<input type="button" value="Actions -"/>
Section 5: Implementation Measures			<input type="button" value="Actions -"/>
Section 6: Resources			<input type="button" value="Actions -"/>

Showing 1 to 6 of 6 entries

Section 1: Description



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Form 6: Prevention Strategy 2021 : Section 1: Description

Funding Opportunity Rape Prevention and Education (1902)	Organization Name Test Organization (CDC)	Submission Name Strategy A	Reporting Year Year 3	Form Set Name APR 2021 Year 3
---	--	--------------------------------------	---------------------------------	---

^ Collapse

Prevention Strategy Status

What is the status of this prevention strategy during this reporting period? *

Select One

^ Collapse

Description of Prevention Strategy: Only complete additional questions if you selected "Other (not listed)" as the prevention strategy.

Name of Prevention Strategy *

Bringing in the Bystander

OTHER: Briefly describe the program, policy, or practice.

OTHER: Briefly describe the program, policy, or practice.

0/2000

OTHER: Which STOP SV approach does this program, policy, or practice address?

Strengthening leadership and opportunities for girls

OTHER: Explain how this prevention strategy aligns or addresses the STOP SV approach selected

OTHER: Explain how this prevention strategy aligns or addresses the STOP SV approach selected

0/2000

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

^ Collapse

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? *

Educational curriculum

COMMUNITY MOBILIZATION OR POLICY: Please further describe the focus of the effort.

COMMUNITY MOBILIZATION OR POLICY: Please further describe the focus of the effort.

0/2000

POLICY: Policy Type

Select One

POLICY: Policy Focus

Sexual harassment

^ Collapse

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 this prevention strategy in addressing the identified sexual violence problem?

Select One

OTHER: Describe the evidence of effectiveness.

OTHER: Describe the evidence of effectiveness.

0/2000

OTHER: What are the reasons for selecting this prevention strategy?

OTHER: What are the reasons for selecting this prevention strategy?

0/2000

OTHER, NOT POLICY: What - Describe the essential content.

OTHER, NOT POLICY: What - Describe the essential content.

0/4000

OTHER, NOT POLICY: How - Describe the essential delivery.

OTHER, NOT POLICY: How - Describe the essential delivery.

0/4000

OTHER, NOT POLICY: Who - Describe the essential implementer's characteristics.

OTHER, NOT POLICY: Who - Describe the essential implementer's characteristics.

0/4000

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Section 2: Population of Focus and Reach



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Form 6: Prevention Strategy 2021 : Section 2: Population of Focus and Reach

Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
Rape Prevention and Education (1902)	Test Organization (CDC)	Strategy A	Year 3	APR 2021 Year 3

Instructions
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.

Changes to Population of Focus and Reach
Were there any changes to the population or setting of focus during this reporting period? *

Select One

- Is there a specific community or population you are focusing on?
- No Specific Community or Population
 - Homeless
 - Poor or Economically Disadvantaged
 - Rural
 - Victims of Crimes or Violence
 - African-American or Black Population
 - Elder
 - Men and Boys
 - Single Parents
 - Veterans
 - Other (not listed)
 - Immigrants or Refugees
 - Incarcerated or Formerly Incarcerated
 - People with Disabilities
 - Tribal Communities
 - Vulnerable or At Risk Population
 - Asian Population
 - Foster Youths or Families
 - Pacific Islanders Population
 - Women and Girls
 - Other (not listed)
 - Other (not listed)
 - LGBTQ Communities
 - Migrant Workers
 - Perpetrators of Crimes or Violence
 - Urban Communities
 - Adolescent
 - Children and Families
 - Hispanic or Latino Population
 - Parents and Families
 - Military
 - Other (not listed)
 - Other (not listed)

Please Specify *

^ Collapse

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

Types of Individuals *

- Students
- Parents
- Youth
- Teachers/Professors
- School Administrators
- School Staff
- Policy Makers
- Healthcare Professionals
- Mental Health Providers
- Employees of and Organization
- Residents
- Other (not listed)

0/100

- Other (not listed)
- Other (not listed)

Types of Organizations *

- Schools or Universities
- Governmental Agencies
- Non-Government Agencies
- Non-Profits
- Businesses
- Bars
- Homes
- Employers
- Other (not listed)
- Other (not listed)
- Other (not listed)

Types of Communities *

- School District
- County
- City
- Census Tract/Zip Code
- Commercial District
- Neighborhood
- Territory Area
- Park and Recreational Area
- Other (not listed)
- Other (not listed)
- Other (not listed)

[^ Collapse](#)

Population of Focus
Why was this population or setting selected and how is the program, policy, or practice appropriate for the selected population or setting? *

Concisely describe the reasons that the population and setting of focus were selected and the ways the selected program, policy, or practice are appropriate. What data led you to selecting them? How is the selected program, policy, or practice appropriate for the selected population and setting?

0/2000

[^ Collapse](#)

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 *

Enter a Number

Number of Schools Reached No data to report?

Enter a Number

Number of Organizations Reached No data to report?

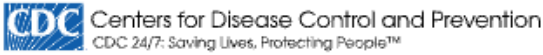
Enter a Number

Number of Communities Reached No data to report?

Enter a Number

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Section 3: Risk and Protective Factors and Violence Outcomes



Form 6: Prevention Strategy 2021 : Section 3: Risk and Protective Factors and Violence Outcomes

Funding Opportunity Rape Prevention and Education (1902)	Organization Name Test Organization (CDC)	Submission Name Strategy A	Reporting Year Year 3	Form Set Name APR 2021 Year 3
--	---	--------------------------------------	---------------------------------	---

Changes to Risk and Protective Factors and Violence Outcomes
Were there any changes to the risk and protective factors and violence outcomes during this reporting period? *

Select One

Description of Outcome and Risk and Protective Factors
Provide a narrative description of the outcomes and risk and protective factors that the policy, program, or practice intends to change. *

Concisely describe risk and protective factors that the program, policy, or practice intends to directly affect.

0/2000

+ Add Collapse Export CSV Columns Search

What risk and protective factors does this program, policy, or practice address?

Individual Risk Factors	Individual Protective Factors	Relationship Risk Factors	Relationship Protective Factors	Community Risk Factors	Community Protective Factors	Societal Risk Factors	Societal Protective Factors	Actions
Lack of empathy, Early sexual initiation,	Academic achievement, Skills in solving problems nono-violently,	Childhood history of physical, sexual, or emotional abuse, Association with sexually aggressive, hypermasculine, and delinquent peers,	Association with pro-social peers, Connection/commitment to school,	Lack of employment opportunities, Lack of institutional support from police and judicial system,	Access to mental and health services, Availability of safe and affordable housing and the ability of families to access housing assistance,	Societal norms that support male superiority and sexual entitlement, Societal norms that maintain women's inferiority and sexual submissiveness,	Other (not listed),	Actions -

^ Collapse

Risk and Protective Factors and Violence Outcomes addressed by Prevention Strategy

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

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?

0/2000

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

Select all that apply

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Table: Risk and Protective Factors

What risk and protective factors does this program, policy, or practice address?

Individual Risk Factors	Select all that apply
Individual Protective Factors	Select all that apply
Relationship Risk Factors	Select all that apply
Relationship Protective Factors	Select all that apply
Community Risk Factors	Select all that apply
Community Protective Factors	Select all that apply
Societal Risk Factors	Select all that apply
Societal Protective Factors	Select all that apply

Close Save

Section 4: Adaptation



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Form 6: Prevention Strategy 2021 : Section 4: Adaptation

Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
Rape Prevention and Education (1902)	Test Organization (CDC)	Strategy A	Year 3	APR 2021 Year 3

Were there any changes to the adaptations during this reporting period? *

Select One
▾

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

Adaptation Description	Which element of the program did you change or adapt?	Type of Adaptation	Reason for Adaptation	Describe the reason for this adaptation.	Was this adaptation made before or during delivery?	What was the result or impact of the adaptation?	Plan for this Adaptation in Future Implementation Cycles	Adaptation Notes	Actions
Ryan	Design element	Added policy component							<div style="background-color: #2c3e50; color: white; padding: 2px 5px; border-radius: 3px;"> Actions ▾ </div>

How do you plan to track and monitor these adaptations? *

Describe how the adaptations will be tracked and monitored.

0/2000

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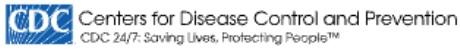
Table: Adaptations

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

Adaptation Description *	<input type="text" value="Adaptation Description"/> 0/1000
Which element of the program did you change or adapt? *	Select One ▼
Type of Adaptation *	Select One ▼
Reason for Adaptation *	Select One ▼
Describe the reason for this adaptation. *	Concisely describe what led to this adaptation and how the adaptation was decided. 0/2000
Was this adaptation made before or during delivery? *	Select One ▼
What was the result or impact of the adaptation? *	How did the adaptation affect implementation or uptake of the program, policy, or practice? How did the adaptation affect its effectiveness? 0/2000
Plan for this Adaptation in Future Implementation Cycles *	Select One ▼
Adaptation Notes	<input type="text" value="Adaptation Notes"/> 0/500

Close Save

Section 5: Implementation Measures



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Form 6: Prevention Strategy 2021 : Section 5: Implementation Measures

Funding Opportunity Rape Prevention and Education (1902)	Organization Name Test Organization (CDC)	Submission Name Strategy A	Reporting Year Year 3	Form Set Name APR 2021 Year 3
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Changes to Implementation
Were there any changes to the implementation of this prevention strategy during this reporting period? *

Select One

Implementers: Describe the implementers of the prevention strategy and report on how many were involved in the effort during the reporting period. Provide a brief description about the implementers of this program, policy, or practice. *

Concisely describe the implementers of this program, policy, or practice. Who is involved in ensuring the efforts are carried out?

0/1000

How many implementers have been trained to deliver or implement the program, policy, or practice during Year 3? *

Enter a Number

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

Activity Type	Description of Activity	Purpose of Activity	Number of Activities Completed	Implementation Comments	Actions
---------------	-------------------------	---------------------	--------------------------------	-------------------------	---------

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Table: Activities

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

Activity Type *	<input type="text" value="Select One"/>
Description of Activity *	<input style="width: 95%;" type="text" value="Concisely describe the activity and how this demonstrates progress on the coalition building or community mobilization implementation."/> 0/2000
Purpose of Activity *	<input style="width: 95%;" type="text" value="Concisely describe how the activity serves and relates to the coalition building or community mobilization effort."/> 0/2000
Number of Activities Completed *	<input type="text" value="Enter a Number"/>
Implementation Comments	<input style="width: 95%;" type="text" value="Provide any additional information you would like us to know about this activity."/> 0/500

Close
Save

Section 6: Resources



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Form 6: Prevention Strategy 2021 : Section 6: Resources

Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
Rape Prevention and Education (1902)	Test Organization (CDC)	Strategy A	Year 3	APR 2021 Year 3

Were there any changes to your resources for this program, policy, or practice during this reporting period? *

How much of this program, policy, or practice was funded by RPE? *

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Form 7: Evaluation 2021



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Rape Prevention and Education (1902) : Form 7: Evaluation 2021 : Test : Sections

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

Export in PDF

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Section Name	Checked Out By	Last Edit Date	
Section 1: Evaluation Plan			Actions -
Section 2: Progress on Addressing Evaluation Questions			Actions -
Section 3: Indicators			Actions -
Section 4: Translation, Communication, Dissemination			Actions -

Showing 1 to 4 of 4 entries

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Section 1: Evaluation Plan



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Form 7: Evaluation 2021 : Section 1: Evaluation Plan

Funding Opportunity Rape Prevention and Education (1902)	Organization Name Test Organization (CDC)	Submission Name Test	Reporting Year Year 3	Form Set Name APR 2021 Year 3
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^ Collapse

Changes to Evaluation Plan

Were there any changes to the evaluation plan during this reporting period? *

Select One

+ Add

^ Collapse

Export CSV

Columns

Search

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

Evaluation Plan Change	Description of change	Reason for the change	How does this change impact your overall work?	Actions
Evaluation Design	Column 2	Column 3	Column 4	Actions

^ Collapse

Analysis, Interpretation, and Synthesis

Please describe your program's 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, and interpreted?

Please describe your program's 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, and interpreted?

0/6000

Please describe your program's progress on analysis, interpretation, and synthesis.

Please describe your program's progress on analysis, interpretation, and synthesis.

0/6000

^ Collapse

Continuous Quality Improvement (CQI): Please describe your program's approach and methods to program improvement and facilitating use of data.
Describe the process and plan for evaluation findings and how data will be used for CQI.

Describe the process and plan for evaluation findings and how data will be used for CQI. 0/2000

Describe the process for engaging and promoting CQI among sub-recipients.

Describe the process for engaging and promoting CQI among sub-recipients. 0/1000

Describe methods for CQI and how lessons learned will be shared with sub-recipients.

Describe methods for CQI and how lessons learned will be shared with sub-recipients. 0/1000

Describe your program's progress on CQI and facilitating use of data.

Describe your program's progress on CQI and facilitating use of data. 0/2000

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Table: Evaluation Plan Changes

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

Evaluation Plan Change * v

Description of change * 0/2000

Reason for the change * 0/2000

How does this change impact your overall work? * 0/500

[Close](#)
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Section 2: Progress on Addressing Evaluation Questions



Form 7: Evaluation 2021 : Section 2: Progress on Addressing Evaluation Questions

Funding Opportunity Rape Prevention and Education (1902)	Organization Name Test Organization (CDC)	Submission Name Test	Reporting Year Year 3	Form Set Name APR 2021 Year 3
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Progress on Addressing Evaluation Questions

Evaluation Question	What progress has your program made on this evaluation question?	Evaluation Question Notes	Actions
Q1 Partnership: To what extent has the state built or enhanced partnerships for SV prevention?	Progress	Notes	<input type="button" value="Actions"/>

Table: Progress on Evaluation Questions

Progress on Addressing Evaluation Questions

Evaluation Question *

specify *

What progress has your program made on this evaluation question?

Evaluation Question Notes

Section 3: Indicators

Table: Risk and Protective Factors and Violence Outcomes


Table: Other Outcomes

The image shows a screenshot of a web application window titled "Other Outcomes". The window contains five text input fields, each with a label on the left and a character count on the bottom right. The fields are:

- Description of Outcome:** The input field contains the text "Description of Outcome" and has a character count of 0/2000.
- Indicators:** The input field contains the text "Indicators" and has a character count of 0/5000.
- Data Sources:** The input field contains the text "Data Sources" and has a character count of 0/5000.
- Summary of Trends for the Outcome:** The input field contains the text "Summary of Trends for the Outcome" and has a character count of 0/8000.
- Other Indicator Notes:** The input field contains the text "Other Indicator Notes" and has a character count of 0/1000.

At the bottom right of the window, there are two buttons: a "Close" button and a "Save" button.

Section 4: Translation, Communication, Dissemination



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Form 7: Evaluation 2021 : Section 4: Translation, Communication, Dissemination

Funding Opportunity Rape Prevention and Education (1902)	Organization Name Test Organization (CDC)	Submission Name Test	Reporting Year Year 3	Form Set Name APR 2021 Year 3
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⤴ Collapse

Translation, Communication, and Dissemination

Describe the approach to how your program 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.

Describe the approach to how your program 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.

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📄 Columns
Search

Describe 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 your program use this product for its work?	Primary Audiences	Audience Type	Impact and Contribution	To how many individuals or organizations has it been disseminated?	Unit	Actions
Description	Brief (e.g., Fact Sheet).	test	test	General public.	test	Data is missing (program unable to collect)		Actions -

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Table: Progress on Translation, Communication, and Dissemination Efforts

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

Description of Product	<input type="text" value="Description of Product"/> 0/2000
Product Type	<input type="text" value="Brief (e.g., Fact Sheet)"/>
How will your program use this product for its work?	<input type="text" value="How will your program use this product for its work?"/> 0/2000
Primary Audiences	<input type="text" value="Primary Audiences"/> 0/2000
Audience Type	<input type="text" value="Select all that apply"/>
Impact and Contribution	<input type="text" value="Impact and Contribution"/> 0/5000
To how many individuals or organizations has it been disseminated?	<input type="text" value="No data to report?"/>
	<input type="text" value="Enter a Number"/>
Unit	<input type="text" value="Select One"/>

Close Save