TPP PM Data Submission Pages

The screenshots shown below are the screens that the grantees will use to submit data. The data dictionary from the existing system and the list of performance measures were used to identify the data elements.

| Calit Cuan | too Doto | OIVID INO, 0330-0430 |
|-------------------------------|--|---|
| Edit Gran | ntee Data | Expiration Date: Oct 31, 2021 |
| Grantee: Augusta | Partnership for Children, Inc. | |
| Reporting Period | | |
| Jan-Dec 2018 | | • |
| Partners Summary | Training Dissemination | |
| and collaborate with | organizations (e.g., schools) with a written agreement, such as signed MOU, contract, or Let the grantee to implement the program by sharing resources and working together to enharm the program during the reporting period? | |
| Of all the project's fo year? | rmal partners that were engaged at the beginning of the program year, how many were sti | ill engaged at the end of the program |
| • | organizations that support the implementation of the program informally through network | king and coordinating activities; there is no |
| How many informal p | partners were involved in implementing the program during the reporting period? | |
| Of all the project's in year? | formal partners that were engaged at the beginning of the program year, how many were s | still engaged at the end of the program |

Training

| Partners Summary | Training | Dissemination |
|------------------------|----------|--|
| 1 31 | , | new intervention facilitators (including teachers) have you ease include only training provided to new facilitators. |
| In the reporting perio | , | intervention facilitators (including teachers) have you or mental training? |

Save

Back to Grantee List

Dissemination

Dissemination

| How many manuscripts have you have been accepted but not yet published | | | | nat were published and those that have |
|--|------------------------------------|------------------|------------------------------------|--|
| Please list the references for any pub | lished manuscripts publish | ed in the repo | rting period. | |
| | | | | |
| During the reporting period, indicate funded program: | the number of times each | approach was | used to communicate information | n and raise awareness about the TPP- |
| Brochure/Newsletter/E-Newsletter | Press Release | | Radio/TV advertisement | Newspaper/Magazine article |
| | | | | |
| Peer Reviewed Publication | Please list the reference | s for any peer | reviewed publication | |
| | | | | |
| Other | Other (explain) | | | |
| How many presentations have you m | wade at each of the followin | ng levels in the | reporting period: | |
| National or regional | | | | nization to which the presentation was |
| | | | | |
| State | Please list titles of all promade) | esentations an | d venue (e.g., conference or orgar | nization to which the presentation was |
| | | | | |

Grantee Level Costs - Personnel Costs

| Personnel Costs | Office Space and Facilities | Financial Diversification and Sustainability | | | |
|---|--|--|--|--|--|
| Indicate the total personnel costs, including salary, payroll taxes, and benefits, paid during this reporting year by each organization or implementation partner supported by the grant: | | | | | |
| Augusta Partnershi | Augusta Partnership for Children, Inc. | | | | |
| 100 Black Men of Augusta | | | | | |
| Augusta Partnershi | Augusta Partnership for Children, Inc. | | | | |
| Augusta Partnershi | p for Children, Inc. (self as IO) | | | | |
| Boys and Girls Club | Boys and Girls Club | | | | |
| Centro Cristiano Oasis de Bendiction | | | | | |
| Communities In Schools of Burke County - Family Connection | | | | | |
| Family Connection and Communities In Schools of Wilkes County | | | | | |
| G.R.A.Y.S. Group | G.R.A.Y.S. Group | | | | |
| Good Shepherd Baptist Church | | | | | |
| GrantWest Enterprises | | | | | |
| Jefferson County SHIPS Family Connection | | | | | |
| Kids Restart. Inc. | | | | | |
| New Bethlehem Co | ommunity Center | | | | |
| Paine College | | | | | |

| For each organization or implementation partner supported by the grant, estimate the proportion of personnel costs used to support each of the following activities during this reporting year: | | | | | | |
|---|-------------------|---|--|----------------------------------|------------------------|------------|
| | General Admin. | Participant recruitment or retention | Staff training & technical assistance | Providing program services | Fidelity monitoring | Evaluation |
| Augusta Partnership for Children, Inc. | | | | | | |
| 100 Black Men of Augusta | | | | | | |
| Augusta Partnership for Children, Inc. | | | | | | |
| Augusta Partnership for Children, Inc. (self as IO) | | | | | | |
| Boys and Girls Club | | | | | | |
| Centro Cristiano Oasis de Bendiction | | | | | | |
| Communities In Schools of Burke County - Family Connection | | | | | | |
| | | | | | | |

Grantee Level Costs - Office Space and Facilities

| Personnel Costs | Office Space and Facilities | Financial Diversification and Sustainability | | |
|--|------------------------------------|---|--|--|
| Indicate the category that best describes the cost of office space and facilities used by the grantee and any implementation partners (check one): All office space and facilities are used free of charge to the grantee and implementation partners | | | | |
| O Some office spa | ace and facilities are used free | of charge and others require payment | | |
| All office space | and facilities require payment | | | |
| If some or all of the reporting year: | e office space and facilities requ | uire payment, indicate the total amount paid by the grantee and any implementation partners during this | | |

Grantee Level Costs - Financial Diversification and Sustainability

| Personnel Costs Office Space and Facilities | Financial Diversification and Sustainability | | | |
|--|--|--|--|--|
| For each of the following resource categories, indicate the amount of funding outside of the grant received during this reporting year to assist with ongoing and future program activities: | | | | |
| Fund raising or cash (donations, fee for service, e | | | | |
| In-kind contributions (estimate value) | | | | |
| Other | | | | |
| If other, specify | | | | |

IO Level Data - Section Data

| Grantee: Grantee 1 Implementing Organization: Org 1 Program Model: ProMod 1 Section: Sec 1 | Period: Annual period ending Ju | ine 2019 |
|---|---------------------------------|--|
| State: North carolina | Urbanicity: Rural | Predominant Setting: High School |
| Overall Total Reach Average participant attendance % Youth completing 75% or more of sess Sessions planned Sessions completed Observed Fidelity Sessions observed Average observed adherence Observed Quality Sessions observed Average ratings acros Explanation of activities Track of time Presentation rushed Participants understand Active participation Knowledge Enthusiasm Poise | | Reach by Gender Male Female Transgender Do not identify as male, female or transgender Gender unknown/not reported Reach by race/ethnicity Hispanic/Latino Non-Hispanic/ Latino White Black Asian American Indian/ Alaska Native Native Hawaiian/ Other Pacific Islander More than one race Other race Race unknown/not reported Reach by Age <- 10 years 11-12 years 13-14 years 15-16 years |

IO Level Data – Healthcare Linkages

Submit Healthcare Linkage Data

| Grantee: Grantee 1 Period Implementing Organization: Org 1 Period July 2017 to Dec 2017 ▼ | |
|--|--|
| Referrals made by program staff | |
| To off-site providers or SBHCs for Reproductive Health Care services | |
| To Mental Health Services | |
| To Primary Health Care | |
| To Educational Services | |
| To Vocational Education/Workforce Development Services | |
| For Intimate Healthcare Violence Prevention services | |
| For Healthy Relationships Training | |
| | |
| | |
| | |
| Save and Go Back | |
| | |
| | |

IO Level Data - Costs

Media campaigns

Part 1: Payments to Program Developer or Distributor Indicate the total amount of any payments made to a program developer or distributor during this \$34,567 reporting year by either the grantee or any implementation partners: What types of materials, supports, and/or services were covered by these payments during the reporting year (check all that apply)? ✓ Curriculum or other program materials and supplies ✓ Licensing fees ☑ Training or technical assistance on the program or curriculum $oldsymbol{arnothing}$ Training, technical assistance, or professional development on program ✓ Fidelity monitoring or quality improvement services Evaluation ✓ Other specify Part 2: Other Direct Costs To Support Program Implementation Apart from any payments made to a program developer or distributor, indicate the total amount paid during the reporting year by the grantee or any implementation partner for each of the following: Other program materials and supplies from an outside provider Training or technical assistance on the program or curriculum from an outside provider Training, technical assistance, or professional development on program implementation from an outside provider Monetary incentives, including gift cards, for program enrollment or participation Non-monetary incentives for program enrollment or participation (t-shirts, etc.) Program supports (meals, transportation, etc.) Program recruitment materials