

Public Reporting burden of this collection of information is estimated at 10 hours, 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/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA 30333; Attn: PRA (xxxxxxx).

Form 1: Work Plan : Objective 1.1: Increased capacity to create, use, and disseminate data from a comprehensive ACEs and PCEs surveillance system

Funding Opportunity EFC PACE Data to Action	Organization Name EFC PACE D2A Test Organization (CDC)	Submission Name APR 1 Work Plan Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Instructions
Instructions here

Goal 1 Objective 1

Objective 1.1 Status ⓘ *

Select One

Objective 1.1 Milestones

[+ Add](#) [^ Collapse](#)

1.1 Description	1.1 Key Activities	1.1 Milestone Status	1.1 Program Year Milestone Completed	Actions
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FORM 2: CONTINUATION APPLICATION

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

Funding Opportunity EFC PACE Data to Action	Organization Name EFC PACE D2A Test Organization (CDC)	Submission Name APR 1 Continuation Application Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Summary of Work Plan Activities for Next Budget Year

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

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

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Form 2: Continuation Application : Section 2: New or Revised Program or Policy Efforts

Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
EFC PACE Data to Action	EFC PACE D2A Test Organization (CDC)	APR 1 Continuation Application Test	APR 1	APR 1 Form Set

Instructions

Report on plans for new or revised program or policy efforts during the NEXT budget period of MM/DD/YYYY to MM/DD/YYYY.

Implementation of Prevention Strategies

Describe the planned implementation of program or policy efforts in the next budget period. Explain any requests to change the current program or policy efforts being implemented or changes to the approach or strategy. The CDC project officer must approve any changes to the program or policy efforts approved upon award. *

Describe the planned implementation of program or policy efforts in the next budget period. Explain any requests to change the current program or policy efforts being implemented or changes to the approach or strategy. The CDC project officer must approve any changes to the program or policy efforts approved upon award.

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Form 2: Continuation Application : Section 2a: Implementation of New or Revised Surveillance Efforts

Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
EFC PACE Data to Action	EFC PACE D2A Test Organization (CDC)	APR 1 Continuation Application Test	APR 1	APR 1 Form Set

Instructions

Instructions

Implementation of Surveillance Efforts

Describe the planned implementation of surveillance efforts in the next budget period. Explain any requests to change the current surveillance efforts being implemented. The CDC Project Officer and Surveillance Officer must approve any changes to the surveillance efforts approved upon award. *

Describe the planned implementation of surveillance efforts in the next budget period. Explain any requests to change the current surveillance efforts being implemented. The CDC Project Officer and Surveillance Officer must approve any changes to the surveillance efforts approved upon award.

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Form 2: Continuation Application : Section 3: Budgetary Implications

Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
EFC PACE Data to Action	EFC PACE D2A Test Organization (CDC)	APR 1 Continuation Application Test	APR 1	APR 1 Form Set

Budgetary Implications

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

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

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Form 2: Continuation Application : Section 4: Needed Resources

Funding Opportunity EFC PACE Data to Action	Organization Name EFC PACE D2A Test Organization (CDC)	Submission Name APR 1 Continuation Application Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Instructions
Instructions

Needed Resources

What additional tools or resources do you need in order to accomplish the proposed planned activities for the next budget period? How do you plan to obtain these resources? *

What additional tools or resources do you need in order to accomplish the proposed planned activities for the next budget period? How do you plan to obtain these resources?

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Form 2: Continuation Application : Section 5: Technical Assistance Needs

Funding Opportunity EFC PACE Data to Action	Organization Name EFC PACE D2A Test Organization (CDC)	Submission Name APR 1 Continuation Application Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Instructions

What types of training and technical assistance (TTA) would benefit your program in the next budget period? Include all TTA needed for the next budget period even if you have already submitted a TTA request in the portal. Please describe the areas or topics for TTA (e.g., program, evaluation, surveillance). This information will help us to understand what types of TTA are needed across recipients and will be used to plan program-wide TTA for the upcoming budget year. Your Program Officer will also go over any requests you enter here to determine any next steps (e.g., TA request, program wide TTA). If TTA is not needed, please explain.

Training and Technical Assistance

Would your program like additional training or technical assistance in any specific area? *

Select One

Training and Technical Assistance Table

+ Add	^ Collapse	<input type="text" value="Search"/>	
Topic	Description of TTA Request	Timeframe	Actions
Save Progress Save, Validate, and Check in			

Form 2: Continuation Application : Section 6: Challenges

Funding Opportunity EFC PACE Data to Action	Organization Name EFC PACE D2A Test Organization (CDC)	Submission Name APR 1 Continuation Application Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Challenges

What general challenges or problems do you anticipate in the next funding year? What do you plan to use to solve or address those challenges or problems? *

What general challenges or problems do you anticipate in the next funding year? What do you plan to use to solve or address those challenges or problems?

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FORM 3: CHALLENGES, SUPPORTS, ACCOMPLISHMENTS

Form 3: Challenges, Supports, and Accomplishments : Section 1: Barriers Encountered

Funding Opportunity EFC PACE Data to Action	Organization Name EFC PACE D2A Test Organization (CDC)	Submission Name APR 1 Challenges, Supports, and Accomplishments Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Instructions

This section collects information about the barriers and challenges that your program encountered during the reporting period. A Barrier is an identified person, resource, relationship, or circumstance that hinders progress on a specific outcome or goal.

Barrier Status

Did you experience any challenges or barriers during this reporting period? *

Select One

Challenges and Barriers Table

+ Add	^ Collapse	<input type="text" value="Search"/>				
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 were used or would be helpful to address the barrier?	Barrier Comments	Actions

[Save Progress](#) [Save, Validate, and Check in](#)

Form 3: Challenges, Supports, and Accomplishments : Section 2: Facilitators Encountered

Funding Opportunity EFC PACE Data to Action	Organization Name EFC PACE D2A Test Organization (CDC)	Submission Name APR 1 Challenges, Supports, and Accomplishments Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Instructions

This section collects information about the facilitators that enabled, accelerated, or expedited implementation during the reporting period. A Facilitator is an identified person, resource, relationship, or circumstance that helps to reach a specific outcome or goal.

Facilitator Status

Did you experience facilitators during this reporting period? *

Select One

Facilitators Table

+ Add	^ Collapse	<input type="text" value="Search"/>			
Facilitator Type	Describe the facilitator and how it impacts your program's work	Program Component	What resources were used?	Facilitator Comments	Actions

[Save Progress](#) [Save, Validate, and Check in](#)

Form 3: Challenges, Supports, and Accomplishments : Section 3: Successes

Funding Opportunity EFC PACE Data to Action	Organization Name EFC PACE D2A Test Organization (CDC)	Submission Name APR 1 Challenges, Supports, and Accomplishments Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Instructions

This section collects information about the successes and accomplishments of your program during the reporting period through an open-end question. You can add more than one success or accomplishment.

Successes Table

+ Add ^ Collapse

Program Component	What key accomplishments related to this NOFO has your organization/state/territory/federal district achieved during this reporting period?	Actions
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Form 3: Challenges, Supports, and Accomplishments : Section 4: Technical Assistance

Funding Opportunity EFC PACE Data to Action	Organization Name EFC PACE D2A Test Organization (CDC)	Submission Name APR 1 Challenges, Supports, and Accomplishments Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Instructions

Please answer the following questions about technical assistance during this reporting period of mm/dd/yyyy to mm/dd/yyyy.

Technical Assistance Resources

During this reporting period, how often have you used CDC or VPTAC resources when selecting, planning, implementing, or evaluating your program or strategies? (e.g., technical packages, VETO Violence, technical assistance resources) *

- Frequently (5 or more times) Sometimes (3-4 times) Rarely (1-2 times) Never

Which CDC or VPTAC resources have you found most useful during this reporting period? [OPTIONAL] *

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During this reporting period, how often have you shared these CDC or VPTAC resources with subrecipients or partners? *

- Frequently (5 or more times) Sometimes (3-4 times) Rarely (1-2 times) Never

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Form 3: Challenges, Supports, and Accomplishments : Section 5: Capacity Building

Funding Opportunity EFC PACE Data to Action	Organization Name EFC PACE D2A Test Organization (CDC)	Submission Name APR 1 Challenges, Supports, and Accomplishments Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Instructions

Please report on capacity building and training activities during the reporting period of mm/dd/yyyy to mm/dd/yyyy.

Completion of the Capacity Building and Training Table is OPTIONAL. If you choose to complete the table, please list all capacity building, training, and educational activities related to community and societal level primary prevention that you provided within the state during this reporting period.

Completion of the Networking and Dissemination Table is OPTIONAL. If you choose to complete the table, please list any networking and dissemination activities that you participated in related to community and societal level primary prevention OUTSIDE the state during this reporting period. Completion of this section is OPTIONAL.

Capacity Building

To what extent has your organizational capacity to select, plan, implement, and evaluate strategies increased over the reporting period?

- Not at all To a small extent To a moderate extent To a great extent

To what extent has the capacity of your subrecipients or partners to select, plan, implement, and evaluate strategies increased over the reporting period?

- Not at all To a small extent To a moderate extent To a great extent

Provide any additional information about changes in capacity. [OPTIONAL]

To what extent has your organizational capacity to build or improve surveillance infrastructure and capacity increased during this reporting period?

- Not at all To a small extent To a moderate extent To a great extent

To what extent has your organizational capacity to use data for action, such as tailored prevention strategy implementation to reduce inequities, improved during this reporting period?

- Not at all To a small extent To a moderate extent To a great extent

Capacity Building and Training Table [OPTIONAL]

^ Collapse		<input type="text" value="Search"/>		
Type of Activity	Topic	Audience	Dates	Actions

FORM 4: STATE ACTION PLAN

Form 4: State Action/Strategic Plan : Section 1: Changes made to the State Action/Strategic Plan

Funding Opportunity EFC PACE Data to Action	Organization Name EFC PACE D2A Test Organization (CDC)	Submission Name APR 1 State Action Plan Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Instructions

This section collects information on changes made to the components in the State Action/Strategic Plan.

Report on any changes to specific section(s) of the State Action/Strategic Plan changed during this reporting period of mm/dd/yyyy to mm/dd/yyyy.

Choose each component of the State Action/Strategic Plan that was changed, describe the change, the reason for the change, and how the change affects your program's work.

Changes to the state action/strategic plan

Were there any changes to the State Action/Strategic plan during this reporting period? *

Changes to the state action/strategic plan table

+ Add ^ Collapse

Type of Change	Description of Change	Describe the reason for the change and how it impacts your overall work	Actions
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Save Progress Save, Validate, and Check in



Form 4: State Action/Strategic Plan : Section 2: Progress on State Action Plan Priorities

Funding Opportunity EFC PACE Data to Action	Organization Name EFC PACE D2A Test Organization (CDC)	Submission Name APR 1 State Action Plan Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Instructions

Report on progress toward the State Action/Strategic Plan priorities that occurred during this reporting period of MM/DD/YYYY to MM/DD/YYYY.

Please describe any key activities or accomplishments specifically related to implementation of the State Action Plan/Strategic Plan. This does not include activities or accomplishments that are specific to your selected approaches or your surveillance infrastructure enhancement. Those will be reported in other forms.

For each priority describe the key accomplishments and how they improved your program's prevention efforts. If no progress was made on a priority, respond with "No progress this reporting period" in that field.

Key Activities/Accomplishments this Reporting Period

Provide a brief description of the key activities and accomplishments during the reporting period of MM/DD/YYYY to MM/DD/YYYY.

Description of Key State Action Plan Activities/Accomplishments this Reporting Period *

Description of Key State Action Plan Activities/Accomplishments this Reporting Period

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Accomplishment and Activity Table

Please describe any key activities/accomplishments specifically related to the implementation of the State Action Plan/Strategic Plan.

+ Add

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Search

Type of Accomplishment/Activity	Description of activity and how it was leveraged for violence prevention	Activity Status	Project Year Completed	Actions
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Social Determinants of Health

Provide a description of progress made to address the social determinants of health that impact violence that are prioritized for your state and community-level activities. *

Provide a description of progress made to address the social determinants of health that impact violence that are prioritized for your state and community-level activities.

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Key Activities

+ Add

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Key Activities Planned for Upcoming Year

Actions

Resources

Resources Needed for Implementing State Action Plan Activities in Upcoming Year *

Resources Needed for Implementing State Action Plan Activities in Upcoming Year

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Save Progress

Save, Validate, and Check in

Form 4: State Action/Strategic Plan : Section 3: Partnerships

Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
EFC PACE Data to Action	EFC PACE D2A Test Organization (CDC)	APR 1 State Action Plan Test	APR 1	APR 1 Form Set

Instructions

This section collects information about all partner organizations you are engaged with.

Report on all existing and new partners that your program engaged with during this reporting period of MM/DD/YYYY to MM/DD/YYYY. Unless you need to add new partners, you will only need to update three areas for existing partners: the status of the partnership, whether you provided any CDC funding to the organization during the reporting period, and how your organization engaged this partner during the reporting period.

Partnerships & Resources Table

Report on the partner status during this reporting period. If there are changes in how the partner is engaged in the recipient's ACEs prevention work, please make updates. Please add a row for each distinct partner.

When entering any new partners that have not previously been entered, make sure that:

- the organization name is spelled out, please do not use acronyms
- all current partner organizations are included, especially those listed in your State Action/Strategic Plan
- only choose "other" for organization Sector if your answer does not fall within the existing answer options
- include state-level and community-level partners

+ Add ^ Collapse

Name of Partner Organization	Primary Sector	Role of Partner	Describe how your [Initiative] program engaged this partner in your violence prevention work during the reporting period.	Partner Status during this reporting period	State or Community-level Partner	SAP Priority Area (if state-level partner)	Actions
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Partnerships Checkbox

* I have added any new partners from this reporting period and updated the status and engagement for existing partners in the table above (Tick checkbox to confirm).

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FORM 5: IMPLEMENTATION

Form 5: Implementation : Section 1: Description of Implementation Effort

Funding Opportunity EFC PACE Data to Action	Organization Name EFC PACE D2A Test Organization (CDC)	Submission Name APR 1 Implementation Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Program, Policy, or Practice

Indicate which of the following aspects you are implementing as part of your implementation effort [Select All] ⓘ *

Select all that apply

Program, Policy, or Practice Name *

Program, Policy, or Practice Name

Please provide a short description of how your organization is implementing this program, policy, or practice. *

This should include what it intends to do, how it is implemented, where it will occur, and evidence of effectiveness. Specific activities implemented as part of this program, policy, or practice will be collected in Section 3.

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Please select the Approach for this implementation effort. ⓘ *

Select all that apply

Which SEM Level(s) does this Implementation Effort target? *

Select all that apply

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Form 5: Implementation : Section 2: Changes to Implementation Plan

Funding Opportunity EFC PACE Data to Action	Organization Name EFC PACE D2A Test Organization (CDC)	Submission Name APR 1 Implementation Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Implementation Plan Status

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

Select One

Implementation Plan Changes Table

+ Add

^ Collapse

Search

Type of Change

Describe the change

Actions

💾 Save Progress

✅ Save, Validate, and Check in

Form 5: Implementation : Section 3: Implementation Progress and Activities

Funding Opportunity
EFC PACE Data to Action

Organization Name
EFC PACE D2A Test
Organization (CDC)

Submission Name
APR 1 Implementation Test

Reporting Year
APR 1

Form Set Name
APR 1 Form Set

Implementation Progress Table

[+ Add](#) [^ Collapse](#)

Activity Type	Description of activity	Activity Status	Project Year Completed	Actions
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Implementation Progress Checkbox

I have added any new activities from this reporting period and update the activity status for existing activities in the table above [Tick checkbox to confirm]

[Save Progress](#)

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Form 5: Implementation : Section 4: Adaptations

Funding Opportunity
EFC PACE Data to Action

Organization Name
EFC PACE D2A Test
Organization (CDC)

Submission Name
APR 1 Implementation Test

Reporting Year
APR 1

Form Set Name
APR 1 Form Set

Adaptation Table

[+ Add](#) [^ Collapse](#)

Type of Adaptation	Adaptation Description	Reason for Adaptation	What resources are needed for this adaptation?	How was this adaptation evaluated and what was the impact of the adaptation?	Actions
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Adaptation Checkbox

I have added any new adaptations from the reporting period, updated any information that has changed for previously entered adaptations, and deleted any discontinued adaptations in the table above [Tick checkbox to confirm]

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Form 5: Implementation : Section 5: Population of Focus and Reach

Funding Opportunity
EFC PACE Data to Action

Organization Name
EFC PACE D2A Test
Organization (CDC)

Submission Name
APR 1 Implementation Test

Reporting Year
APR 1

Form Set Name
APR 1 Form Set

Population of Focus

Provide a narrative description of the population or setting of focus for this implementation effort. *

Provide a narrative description of the population or setting of focus for this implementation effort.

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Why was this population or setting selected and how is the implementation effort appropriate for the selected population or setting? *

Provide reasons and data sources that were used for selecting the population and setting of focus for this prevention effort. Also provide reasons and data sources that were used to show that the selected program, policy, or practice will be effective for reaching these populations.

0/2000

Population Groups

Is there a specific community or population you are focusing on? *

Select One

Racial/ethnic groups

- | | | |
|---|---|---|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Arabic/North African |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native Peoples | <input type="checkbox"/> Hispanic/Latinx |
| <input type="checkbox"/> White | <input type="checkbox"/> Mixed race persons | <input type="checkbox"/> Other (not listed) |

Non-citizen groups

- | | | |
|---|--|---|
| <input type="checkbox"/> Immigrants | <input type="checkbox"/> Migrant workers | <input type="checkbox"/> Refugees |
| <input type="checkbox"/> Asylum seekers | <input type="checkbox"/> Undocumented status | <input type="checkbox"/> Other (not listed) |

Gender groups

- | | | |
|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Men | <input type="checkbox"/> Women | <input type="checkbox"/> Non-binary |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Other (not listed) | |

Age groups

- | | | |
|---|--|---|
| <input type="checkbox"/> Infants (0-2) | <input type="checkbox"/> Young children (2-10) | <input type="checkbox"/> Youth (11-17) |
| <input type="checkbox"/> Young adults (18-24) | <input type="checkbox"/> Adults (25+) | <input type="checkbox"/> Older Adults (65+) |
| <input type="checkbox"/> Other (not listed) | | |

Sexual orientation groups

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Gay/Lesbian | <input type="checkbox"/> Straight (heterosexual) | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Pansexual | <input type="checkbox"/> Other (not listed) |

Economically disadvantaged groups

- Experiencing homelessness
- Experiencing poverty
- Receiving government aid
- Other (not listed)

Geographical groups

- Tribal
- Rural
- Urban
- Low-income neighborhoods
- Suburban
- Other (not listed)

Other groups

- Foster youth
- Single parents
- Incarcerated or formerly incarcerated
- Veterans
- Military (active)
- Victims of crimes/violence
- Perpetrators of crimes/violence
- Gang members
- Students
- Non-English speaking
- Other Population(s) not listed above and not belonging to any grouping above

Individual Reach Table

Description of Population	Year 5 Target for Individuals	Number of Individuals reached during this reporting period	Number of total individuals reached since the start of NOFO	Reach Type	Progress Notes	Actions
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Setting Reach Table

Type	Setting	Name of Setting	Description of Setting	Year 5 Target for Settings	Number of Settings reached this reporting period	Progress Notes	Actions
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FORM 6: EVALUATION

Form 6: Evaluation : Section 1: Changes to the Evaluation Plan

Funding Opportunity EFC PACE Data to Action	Organization Name EFC PACE D2A Test Organization (CDC)	Submission Name APR 1 Evaluation Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Changes to the Evaluation Plan

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

Select One

Changes to the Evaluation Plan Table

+ Add

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Search

Evaluation Plan Change	Description of change	Describe the reason for the change and how it will impact your overall work	Actions
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Form 6: Evaluation : Section 2: Progress on Addressing Evaluation Questions

Funding Opportunity EFC PACE Data to Action	Organization Name EFC PACE D2A Test Organization (CDC)	Submission Name APR 1 Evaluation Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Evaluation Questions Table

+ Add

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Search

Question Number	Evaluation Question	Summary of Findings (include any qualitative results)	Actions
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Planned Evaluation Activities

Planned Evaluation Activities in the Next Reporting Period *

Planned Evaluation Activities in the Next Reporting Period

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Save Progress

Save, Validate, and Check in

Form 6: Evaluation : Section 3: Outcomes and Indicators

Funding Opportunity
EFC PACE Data to Action

Organization Name
EFC PACE D2A Test
Organization (CDC)

Submission Name
APR 1 Evaluation Test

Reporting Year
APR 1

Form Set Name
APR 1 Form Set

Outcome and Indicator Table

[+ Add](#) [^ Collapse](#)

Associated Efforts	Evaluation Question(s) Addressed	Description of Outcome	Outcome Type	Indicator Description	Data Source Type	Data Source Name and Description	Indicator Population	Baseline Value	Current Value	Year 5 Target	Change in outcome since last reporting period	Progress Notes	Actions

Outcome and Indicator Checkbox

* I have added any new outcomes and indicators from this reporting period and updated the current value for existing outcomes and indicators in the table above. [Tick checkbox to confirm]

[Save Progress](#)

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FORM 7: DATA TO ACTION

Form 7: Data to Action : Section 1: Surveillance and Data to Action Infrastructure Enhancements

Funding Opportunity PPTB Program	Organization Name Your Organization (Alabama)	Submission Name test	Reporting Year Example APR	Form Set Name APR Example Forms
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Instructions

Report on any new components and enhancements specific to your ACEs and PCEs surveillance capacity and infrastructure, as well as your data to action efforts, that were implemented during the reporting period of MM/DD/YYYY to MM/DD/YYYY. Choose each component of your surveillance and data to action infrastructure that was established, enhanced, or implemented. Additionally, describe the activity or enhancement, the reason for the activity or enhancement, and how the activity or enhancement affects your program's work.

^ Collapse

Enhancements to the Surveillance and Data To Action Infrastructure

If you have built or enhanced your ACEs and PCEs surveillance capacity or your data to action capacity during this reporting period, please complete the following panel of questions.

Add a new panel for each activity or enhancement by clicking on the "+Add Enhancements to the Surveillance and Data to Action Infrastructure" button at the bottom of the panel.

Surveillance Infrastructure Activity *

Select One

Surveillance Infrastructure Enhancement *

Select One

Description of Activity or Enhancement *

Description of Activity or Enhancement

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Describe the reason for the activity or enhancement and how it will impact your overall work *

Describe the reason for the activity or enhancement and how it will impact your overall work

0/1000

+ Add Enhancements to the Surveillance and Data to Action Infrastructure

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Form 7: Data to Action : Section 2: Data Collection and Use

Funding Opportunity
PPTB Program

Organization Name
Your Organization
(Alabama)

Submission Name
test

Reporting Year
Example APR

Form Set Name
APR Example Forms

Instructions

This section collects information about the progress you have made in the collection, analysis, and use of ACEs and PCEs data, data on the social determinants of health, and data on shared risk and protective factors. To best mirror the types of data that are often available and used for prevention and intervention purposes, there are three tables that align with broad types of data that may be used by your program. **Please add ONE row for each data source AND data collection year.** For example, if you have data from the Youth Risk Behavior Survey from 2021 and 2023, please add two rows: one row for the 2021 YRBS and one row for the 2023 YRBS.

Technical Guidance

ACEs, PCEs, and Broader Risk and Protective Factors

Provide data on ACEs, PCEs, and Broader Risk and Protective Factors that are contained within **Survey Data Sources** in this data collection and tracking table. Details about data use and dissemination will be reported in other sections of this form.

+ Add

^ Collapse

Search

Data Source	Data Collection Year	Please select the geographic level(s) where analysis can be conducted.	Variable Concept Collected	Were data collected or accessed in this reporting period?	Were data analyzed in this reporting period?	Were data used and disseminated in this reporting period?	Actions
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Social Determinants of Health Indices

Provide data on social determinants of health indices in this data collection and tracking table. For Variable Concept Collected, please describe each measure used within the index. Details about data use and dissemination will be reported in other sections of this form.

+ Add

^ Collapse

Search

Data Source	Data Collection Year	Please select the geographic level(s) where analysis can be conducted. Select all that apply.	Variable Concept Collected	Were data collected or accessed in this reporting period?	Were data analyzed in this reporting period?	Were data used and disseminated in this reporting period?	Actions
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Administrative Medical, Social Service, Law Enforcement, or Hotline Data

Provide data on additionally identified data sources, including but not limited to:

- data from syndromic surveillance
- other hospital records (e.g., hospital discharge data; electronic health record data)
- administrative data from the child welfare system
- substance misuse and mental health services resources
- law enforcement records
- data from crisis or service hotlines

+ Add

^ Collapse

Search

Data Source	Data Collection Year	Please select the geographic level(s) where analysis can be conducted. Select all that apply.	Variable Concept Collected	Were data collected or accessed in this reporting period?	Were data analyzed in this reporting period?	Were data used and disseminated in this reporting period?	Actions
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Additional Data Access and Use

Please add any additional data sources that you are accessing and/or using that you have not included above or in the evaluation form.

+ Add

^ Collapse

Search

Data Source Name	Data Source Type	Description of Data Source	Use of Data	Describe Data Use	Describe any barriers or challenges your program encountered in accessing this data source	Actions
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⌂ Back to Sections

📄 Save Progress

✅ Save, Validate, and Check in

Form 7: Data to Action : Section 3: Data Dissemination

Funding Opportunity

PPTB Program

Organization Name

Your Organization
(Alabama)

Submission Name

test

Reporting Year

Example APR

Form Set Name

APR Example Forms

Instructions

This section collects data on efforts you have made to disseminate data to partners, the public, the media, or policymakers **during the reporting period of MM/DD/YYYY to MM/DD/YYYY**, in alignment with your data dissemination plan.

Please report on completed efforts (i.e., dashboards, infographics, fact sheets, or other data tools that were released - not in development - during the reporting period). Progress on activities in development can be listed in Section 1 of this form.

Choose which data dissemination activity was conducted and provide a description of the activity, the core audience, and the potential reach. Click on "+Add Data Dissemination Activity" to report additional activities.

^ Collapse

Data Dissemination

Data Dissemination Activity (Choose the most appropriate category for this activity) *

Select One

Description of Activity *

Description of Activity

0/1000

Core Audience (select all that apply) *

- general public
- state agencies or governmental partners
- non-profit or community partners
- policymakers
- other

Reach of Efforts *

Reach of Efforts

0/50

+ Add Data Dissemination Activity

⌂ Back to Sections

📄 Save Progress

✅ Save, Validate, and Check in

Form 7: Data to Action : Section 4: Other Surveillance or Data To Action Funding

Funding Opportunity PPTB Program	Organization Name Your Organization (Alabama)	Submission Name test	Reporting Year Example APR	Form Set Name APR Example Forms
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Instructions

This section collects data on additional funding support for your comprehensive ACEs and PCEs surveillance system or funds that support data dissemination or data to action efforts **during the reporting period of MM/DD/YYYY to MM/DD/YYYY.**

Other Funding

If you have leveraged other sources of funding to support your comprehensive ACEs and PCEs surveillance system, please complete the following questions. If you have more than one additional source of funding, please click on "+Add Additional Funding" for each distinct source.

If not, please select "No" and click on "Save, Validate, and Check in."

Have you leveraged other sources of funding to support your comprehensive ACEs and PCEs surveillance system during this reporting period? *

Yes No

^ Collapse

Additional Funding

Describe any additional funding you leveraged and provide any additional information related to ACEs data and funding.

Additional Funding Received

Additional Funding Received

0/1000

Additional Surveillance Data Funding Notes

Additional Surveillance Data Funding Notes

0/1000

+ Add Additional Funding

Save Progress

Save, Validate, and Check in

Form 7: Data to Action : Section 5: Modifications to Data Management Plan

Funding Opportunity PPTB Program	Organization Name Your Organization (Alabama)	Submission Name test	Reporting Year Example APR	Form Set Name APR Example Forms
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Instructions

This section collects data on any changes or updates that have been made to your data management plan **during the reporting period of MM/DD/YYYY to MM/DD/YYYY.**

Data Management Plan Modifications

Type of modification made to your Data Management Plan *

Describe updates to your Data Management Plan. If no updates were made, enter "N/A" *

0/1000

[+ Add Data Management Plan Modifications](#)

[Save Progress](#)

[Save, Validate, and Check in](#)

Form 7: Data to Action : Section 6: Modifications to Data Dissemination and Data to Action Plan

Funding Opportunity PPTB Program	Organization Name Your Organization (Alabama)	Submission Name test	Reporting Year Example APR	Form Set Name APR Example Forms
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Instructions

This section collects data on changes or updates that were made to your data to action and dissemination plan **during the reporting period of MM/DD/YYYY to MM/DD/YYYY.**

Modifications to Data Dissemination and Data to Action Plan

Type of modification made to Data Dissemination and Data to Action Plan *

Describe updates to your Data Dissemination and Data to Action Plan. If no updates were made, enter "N/A" *

0/1000

[+ Add Data Dissemination and Data to Action Plan Modifications](#)

[Save Progress](#)

[Save, Validate, and Check in](#)