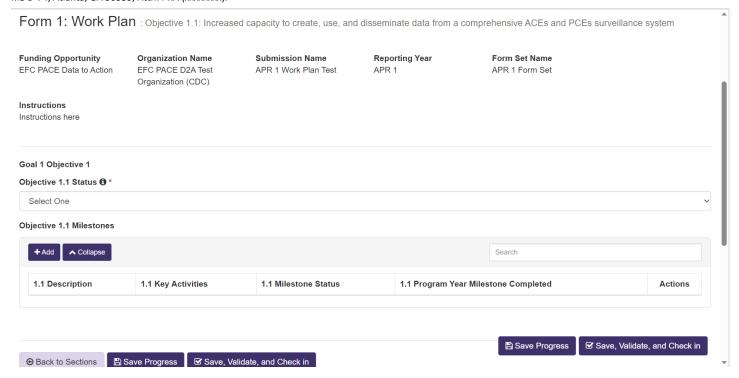
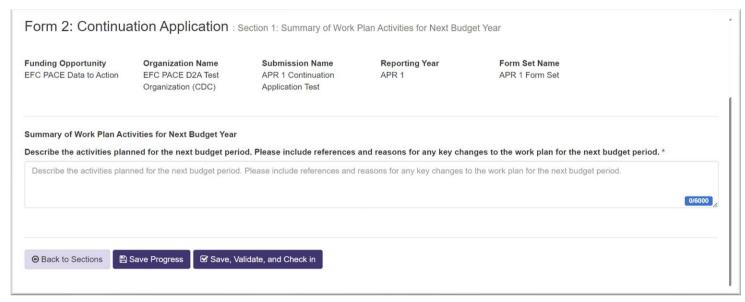
Public Reporting burden of this collection of information is estimated at 10 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, 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 (xxxxxxxxxx).



# **FORM 2: CONTINUATION APPLICATION**



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

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

#### 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.

0/0000

⊕ Back to Sections

🖺 Save Progress

☑ Save, Validate, and Check in

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

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

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.

0/6000

B Save Progress

☑ Save, Validate, and Check in

## Form 2: Continuation Application : Section 3: Budgetary Implications

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

### **Budgetary Implications**

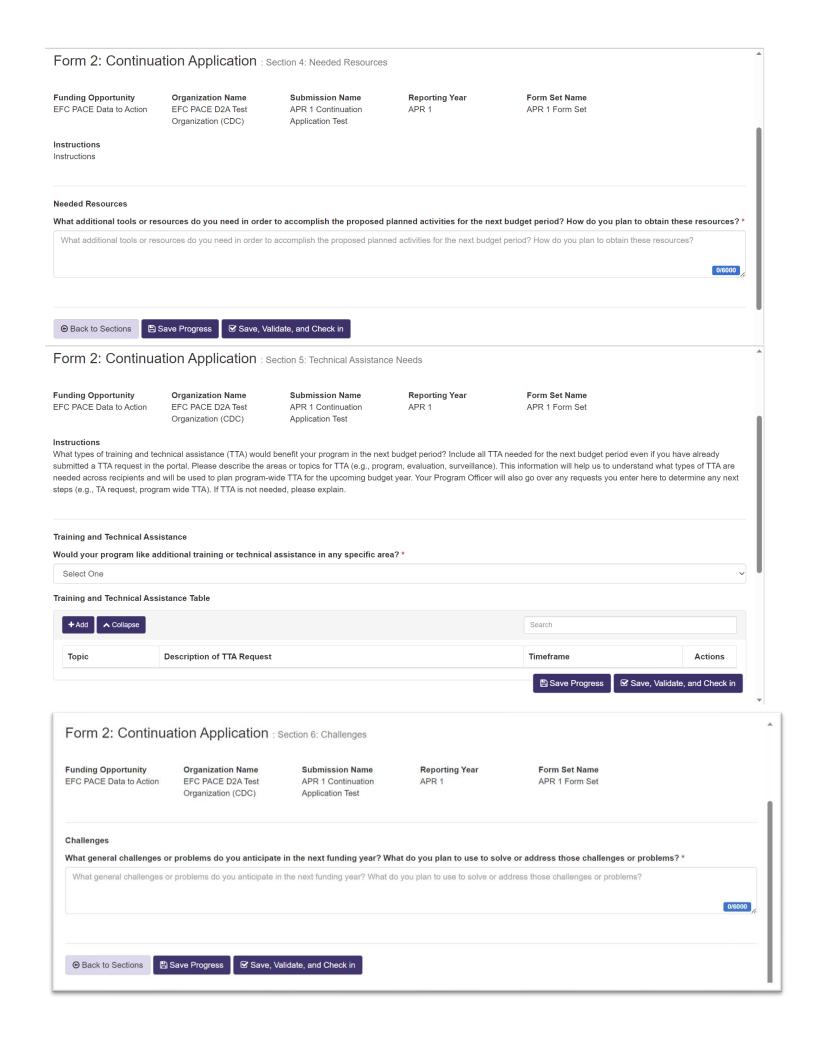
Provide any comments about budgetary issues that might impeded the success or completion of the project as originally proposed and approved for the next budget period. Describe any implications the changes to the work plan may have on the budget.

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.

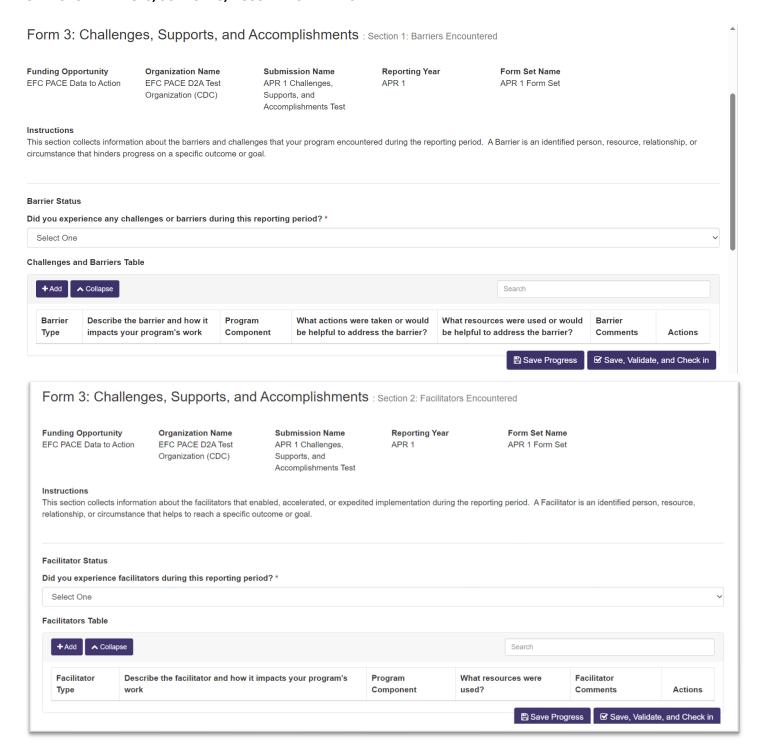
0/6000

⊕ Back to Sections

☑ Save, Validate, and Check in



# FORM 3: CHALLENGES, SUPPORTS, ACCOMPLISHMENTS



## **Funding Opportunity Organization Name** Submission Name Reporting Year Form Set Name EFC PACE Data to Action EFC PACE D2A Test APR 1 Challenges. APR 1 APR 1 Form Set Organization (CDC) Supports, and Accomplishments Test 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 Search **Program** What key accomplishments related to this NOFO has your organization/state/territory/federal district achieved during this reporting Actions Component ☑ Save, Validate, and Check in ⊕ Back to Sections ☑ Save, Validate, and Check in Form 3: Challenges, Supports, and Accomplishments: Section 4: Technical Assistance **Funding Opportunity Organization Name Submission Name** Reporting Year Form Set Name EFC PACE Data to Action EFC PACE D2A Test APR 1 Challenges, APR 1 APR 1 Form Set Organization (CDC) Supports, and Accomplishments Test Instructions Please answer the following questions about technical assitance 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] \* Which CDC or VPTAC resources have you found most useful during this reporting period? [OPTIONAL] 0/1000 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 ☑ Save, Validate, and Check in

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

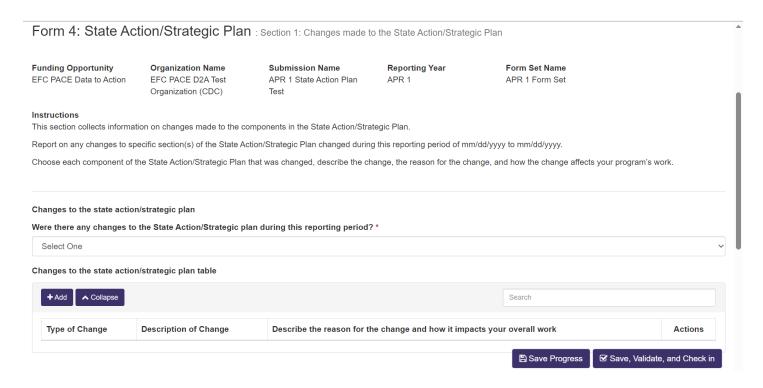
# Form 3: Challenges, Supports, and Accomplishments: Section 5: Capacity Building

**Funding Opportunity Organization Name Submission Name** Reporting Year Form Set Name EFC PACE Data to Action EFC PACE D2A Test APR 1 Challenges, APR 1 APR 1 Form Set Organization (CDC) Supports, and Accomplishments Test 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?  $\bigcirc$  Not at all  $\ \bigcirc$  To a small extent  $\ \bigcirc$  To a moderate extent  $\ \bigcirc$  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?  $\bigcirc$  Not at all  $\bigcirc$  To a small extent  $\bigcirc$  To a moderate extent  $\bigcirc$  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 Not at all
 To a small extent
 To a moderate extent
 To a great extent

Capacity Building and Training Table [OPTIONAL]

▲ Collapse			Search		
Type of Activity	Topic	Audience		Dates	Actions

## **FORM 4: STATE ACTION PLAN**



# 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

#### 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

0/1050

#### **Accomplishment and Activity Table**

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



### 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.

0/2800

0/700

## **Key Activities**



### Resources

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

Resources Needed for Implementing State Action Plan Activities in Upcoming Year

Save Progress

☑ Save, Validate, and Check in

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

**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

#### 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/Stratgic 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



# 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).



🖺 Save Progress 🔯 Save, Validate, and Check in

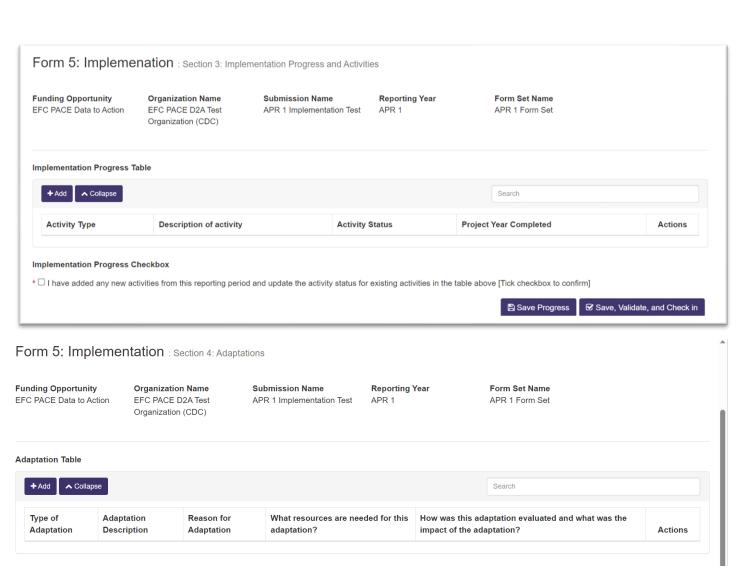
Type of Change

**FORM 5: IMPLEMENTATION** Form 5: Implementation : Section 1: Description of Implementation Effort **Funding Opportunity Organization Name Submission Name** Reporting Year Form Set Name EFC PACE Data to Action EFC PACE D2A Test APR 1 Implementation Test APR 1 Form Set Organization (CDC) 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. 0/500 Please select the Approach for this implementation effort. 6 \* Select all that apply Which SEM Level(s) does this Implementation Effort target? \* Select all that apply ⊕ Back to Sections ☑ Save, Validate, and Check in Form 5: Implemenation : Section 2: Changes to Implementation Plan **Funding Opportunity** Organization Name **Submission Name** Reporting Year Form Set Name EFC PACE Data to Action EFC PACE D2A Test APR 1 Implementation Test APR 1 APR 1 Form Set Organization (CDC) Implementation Plan Status Were there any changes made to the implementation plan during this reporting period?  $^{\star}$ Select One Implementation Plan Changes Table Search

Describe the change

Actions

☑ Save, Validate, and Check in



## **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]



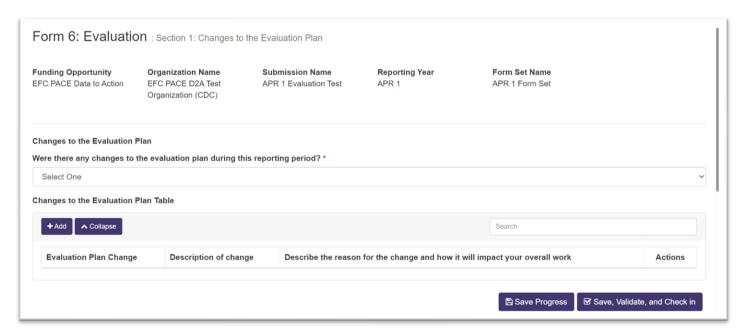
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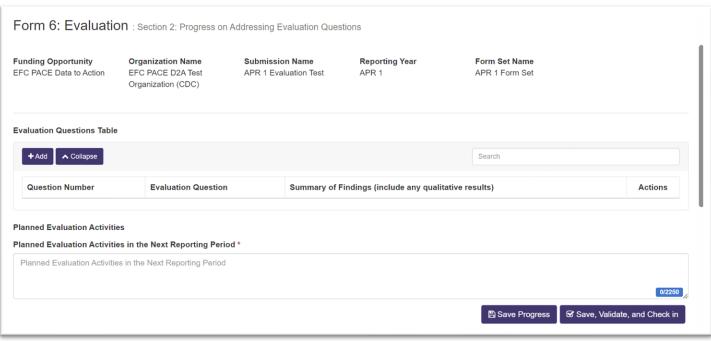
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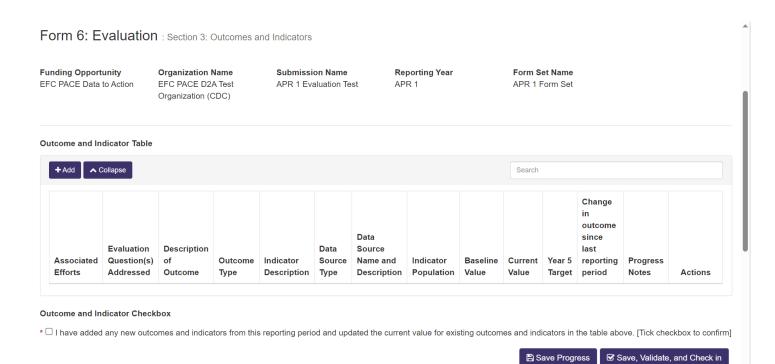
## Form 5: Implemenation : Section 5: Population of Focus and Reach **Funding Opportunity Organization Name Submission Name** Reporting Year Form Set Name EFC PACE Data to Action EFC PACE D2A Test APR 1 Implementation Test APR 1 Form Set APR 1 Organization (CDC) Population of Focus Provide a narrative 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. 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 ☐ Black/African American ☐ Arabic/North African Asian Pacific Islander ☐ American Indian/Alaskan Native Peoples ☐ Hispanic/Latinx ☐ White ☐ Mixed race persons Other (not listed) Non-citizen groups ☐ Immigrants ☐ Migrant workers Refugees ☐ Asylum seekers Undocumented status Other (not listed) Gender groups ☐ Women □ Non-binary ☐ Men Other (not listed) □ Transgender Age groups ☐ Infants (0-2) ☐ Young children (2-10) ☐ Youth (11-17) ☐ Young adults (18-24) ☐ Adults (25+) Older Adults (65+) ☐ Other (not listed) Sexual orientation groups ☐ Gay/Lesbian ☐ Straight (heterosexual) Queer ☐ Bisexual Pansexual Other (not listed)

Econor	mically disadv	/antaged g	roups							
☐ Exp	periencing home	elessness			Experiencing poverty		Receivin	ig governn	nent aid	
Other (not listed)										
Geogra	aphical groups	s								
☐ Trib	pal				] Rural		☐ Urban			
☐ Low	Low-income neighborhoods				] Suburban		Other (not listed)			
Other g	groups									
☐ Fos	ster youth				Single parents		☐ Incarcera	ated or for	merly incarcerated	
□ Vete	erans				Military (active)		☐ Victims o	of crimes/v	iolence	
☐ Per	petrators of cri	mes/violen	ce		Gang members		Students	3		
□ Nor	□ Non-English speaking				Other Population(s) not liste to any grouping above	d above and not belonging				
Individ	ual Reach Tab	ole								
<b>+</b> A	dd A Collaps	se					Search			
	scription of oulation		5 Target for riduals	Number of Ir this reportin	ndividuals reached during g period	Number of total individuals since the start of NOFO	reached	Reach Type	Progress Notes	Actions
Setting	Reach Table									
<b>+</b> A	dd Collaps	se					Search			
Тур	e Setting	Name of S	Setting Descrip	tion of Setting	Year 5 Target for Settings	Number of Settings reached	l this reporting	g period	Progress Notes	Actions
⊕ Ba	ck to Sections	B Sav	e Progress	Save, Validate,	and Check in					

## **FORM 6: EVALUATION**







## **FORM 7: DATA TO ACTION**

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

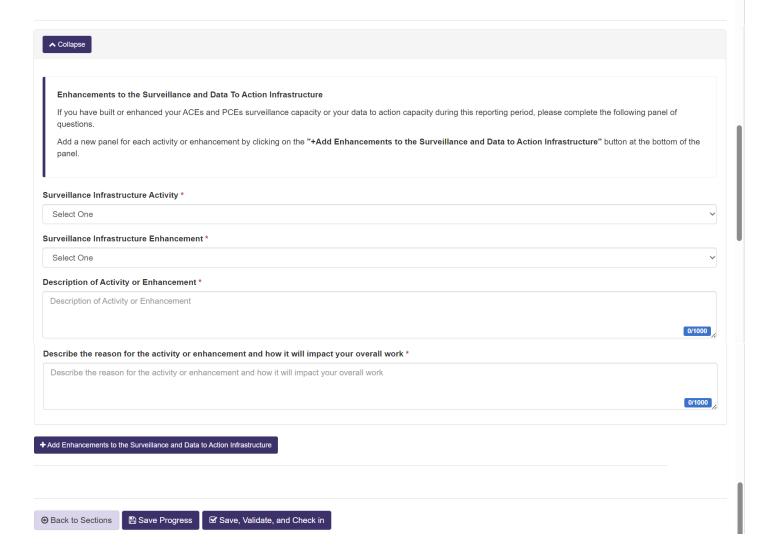
Funding Opportunity
PPTB Program

Organization Name Your Organization (Alabama) Submission Name

Reporting Year Example APR Form Set Name APR Example Forms

#### 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.



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

Funding Opportunity PPTB Program Organization Name Your Organization (Alabama)

Submission Name

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

#### 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.

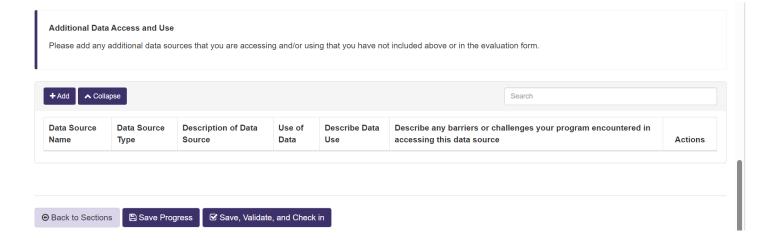
+ Add A Collapse Search							
Data Source	Data Collection Year	Please select the geographic level(s) where analysis can be conducted. Select all that apply.	Variable Concept Collected	Were data collected or accessed in this reporting period?	Were data analyzed in this reporting period?	Were data used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

### 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



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

 Funding Opportunity
 Organization Name
 Submission Name
 Reporting Year
 Form Set Name

 PPTB Program
 Your Organization
 test
 Example APR
 APR Example Forms

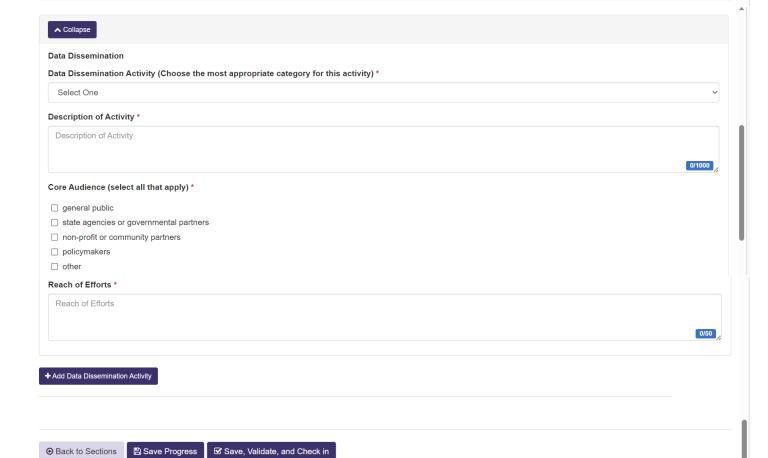
 (Alabama)

#### 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.



# 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** 

Reporting Year Example APR

Form Set Name APR Example Forms

#### 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.

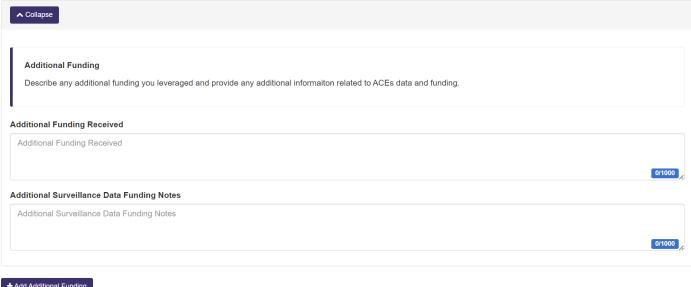
#### Other Funding

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



+ Add Additional Funding

