

Attachment 3 Annual Performance Report (APR) Tool

Form Approve
OMB No: 0920-1425
Exp. Date: 12-30-2026

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Recipient:	
Reporting Period:	
Contact Person:	

FORM 1: WORK PLAN

Instructions for Recipients:

The Work Plan form collects information about your progress on work plan goals, objectives, and milestones during the reporting period of xx/xx/xxxx to xx/xx/xxxx. The required goals and objectives are prefilled for all recipients.

REQUIRED GOALS AND OBJECTIVES

GOAL	OBJECTIVE(S)
Goal 1: Build or Improve Surveillance Infrastructure and Capacity	Objective 1.1. Increased capacity to create, use, and disseminate data from a comprehensive adverse childhood experiences (ACEs) and positive childhood experiences (PCEs) surveillance system
	Objective 1.2. Increased state level collection of ACEs and PCEs data through youth-based surveillance
	Objective 1.3. Increased capacity to collect data on the conditions that impact health and safety
	Objective 1.3a. Increased capacity to link data on the conditions that impact health and safety
	Objective 1.4. Increased access to ACEs and PCEs, risk and protective factors, and conditions for health and safety data to inform prevention strategies and identify differences among populations
	Objective 1.5. Increased state-level monitoring of trends in ACEs and PCEs over time, and use of data from youth populations
	Objective 1.6. Increased use of data on centering and engaging communities and the conditions that impact health and safety to contextualize risk factors for ACEs, and reduce identified gaps
	Objective 1.7. Increased sustainability of a comprehensive ACEs and PCEs

	surveillance system that informs tailored prevention strategies
	Objective 1.8 Synthesize syndromic surveillance data to track ACEs and PCEs, and related risk and protective factor data across systems to inform prevention strategies (optional)
Goal 2. Implement and Sustain ACEs Prevention Strategies	Objective 2.1. Increased partner awareness of existing state prevention strategies
	Objective 2.2. Increased coordination and collaboration between state agencies and other sectors
	Objective 2.2a. Increased coordination and collaboration between local agencies and other sectors*
	Objective 2.3. Increased capacity to implement comprehensive ACEs prevention strategies at the state level
	Objective 2.3a. Increased capacity to implement comprehensive ACEs prevention strategies at the local level*
	Objective 2.4. Increased uptake and implementation of comprehensive ACEs prevention strategies at the state level
	Objective 2.4a. Increased uptake and implementation of comprehensive ACEs prevention strategies at the local level*
	Objective 2.5. Increased reach of prevention strategies, with a focus on communities with higher burden of need than other groups
	Objective 2.6. Increased evidence for population-based approaches to prevent ACEs
Goal 3. Use ACEs/PCEs Data for Action	Objective 3.1. Increased understanding of state surveillance and prevention capacity related to ACEs and PCEs
	Objective 3.2. Increased capacity to use ACEs and PCEs surveillance and evaluation data to identify and tailor ACEs prevention strategies, center and engage communities, and address the conditions that impact health and safety
	Objective 3.3. Increased data dissemination on ACEs and PCEs to state partners, policy-makers, and the public
	Objective 3.3a. Increased data dissemination on ACEs and PCEs to state and local partners, policy-makers, and the public*
	Objective 3.4. Increased knowledge about the effectiveness of ACEs prevention strategies to improve health and wellbeing, and reduce identified gaps
	Objective 3.5. Increased use and translation of surveillance and evaluation data to inform tailored prevention strategy implementation to reduce ACEs and improve conditions that impact health and safety
	Objective 3.6. Increased partner response to the burden of ACEs and PCEs in their state, and public awareness of societal factors that lead to safe, stable, and nurturing relationships and environments

SECTION: OBJECTIVE #.#

There is a section of this form for each NOFO objective. Report on the objectives and add milestones for each.

OBJECTIVE AND MILESTONE PROGRESS STATUS

OBJECTIVE PANEL

MILESTONE TABLE

For each objective, report on **one** key milestone for the reporting period of (xx/xx/xxxx to xx/xx/xxxx).

Milestones represent significant achievements that contribute to fulfilling the objective. For example, milestones can refer to points at which a large scheduled event or series of events have been planned or completed, and a new phase or phases are set to begin. Milestones related to each objective should be high-level but specific enough to show your achievement (or progress) towards the objectives and associated outcomes. Milestones should be reflective of how you are measuring success in completing the objectives and associated outcomes. Each milestone should be listed under only one objective. If a milestone fits under more than one objective, select the one it is most directly linked to.

If applicable, provide additional information on any barriers, facilitators, and/or Accomplishments/successes experienced during the reporting period.

- A barrier is an identified person, resource, relationship, or circumstance that hinders progress on a specific outcome or goal.
- A facilitator is an identified person, resource, relationship, or circumstance that helps to reach a specific outcome or goal.
- Accomplishments or successes are completed actions from your program plan applicable to the program year, for example, descriptions of initial research, participation numbers, events, discoveries, or violence rate differences.

If applicable, report on accomplishments/successes you have encountered during the reporting period. Helpful information regarding the development of Success Stories can be found on the VetoViolence website: [Success Stories | VetoViolence \(cdc.gov\)](#).

Question	Question Instructions/Options
Key Milestones	What key milestones did you achieve for this objective [2000]
Barrier Status	Were there any barriers related to this objective? ☐ Yes ☐ No (Save and Skip to the Facilitators Section)
Barrier Type	If you answer "yes," select the barrier type. Select all that apply: ☐ Lack of buy-in from partners ☐ Lack of community engagement ☐ Insufficient funding or resources ☐ Inability to access/collect data ☐ Implementation issues ☐ Evaluation issues

	☐ Staffing Issues ☐ Lack of skills or capacity ☐ State or local climate ☐ Other (please specify):
Barrier Description	<i>If you answer “yes,” report on at least one barrier for this objective and how it impacts your program’s work [6000]</i>
Facilitator Status	Were there any key facilitators related to this objective? ☐ Yes ☐ No (Save, Validate, and Skip to the Successes Section)
Facilitator Type	If you answer “yes,” select the facilitator type. Select all that apply: ☐ Strong partners ☐ Connection to community ☐ Access to funding or resources ☐ Access to data ☐ Strong implementation ☐ Strong evaluation ☐ Adequate, experienced staff ☐ Access to training/technical assistance ☐ Other (please specify): <i>Click or tap here to enter text.</i>
Facilitator Description	<i>If you answer “yes,” report on at least one facilitator for this objective and how it impacts your program’s work [6000]</i>

Successes Table

Successes Status	Were there any key successes/accomplishments related to this objective? ☐ Yes (Report on at least one program accomplishment/success for this objective that happened during the reporting period) ☐ No (Save, Validate, and Check in)
Success Story Title	Create a brief title summarizing your success <i>Example: Establishing a Statewide Suicide Prevention Collaborative</i>
Story Development	
The Situation	Briefly describe the problem your work was addressing <i>Example: During the environmental scan and program inventory, the Team identified a lack of coordinated suicide prevention efforts across the state</i>
The Narrative	Briefly describe your work and how it addressed or provided more data about the problem.

	<i>Example: The Team spent several months meeting and speaking with suicide prevention stakeholders to gather their insight on needs and gaps and to create a robust, multi-sector list of suicide prevention partners.</i> <i>The team facilitated an in-person meeting in October 2022 to conduct a SWOT analysis, identify priorities, share data and resources, and gauge interest in forming a Statewide Suicide Prevention Collaborative</i>
Outcomes and Impact	Briefly describe the outcomes or impact you have achieved with your work after addressing the problem. <i>Example:</i> <i>• 50 partners were invited and 40 partners attended the in-person meeting with representation from multiple sectors and across all regions of the state</i> <i>• A SWOT analysis was completed, the group identified three priorities to address in 2023, and the group expressed a desire to continue to meet</i> <i>• The newly formed Statewide Suicide Prevention Collaborative met again in January 2022 and developed three working groups based on the priorities identified.</i> <i>• Each working group developed an action plan with goals, activities, timeline, and measures for success</i>
Lessons Learned:	Briefly describe any lessons learned or insights you've learned that could help other communities and grow their prevention efforts. <i>Example: Giving the partners time, support, and a facilitated approach (someone to lead the charge) really catalyzed the creation of the Collaborative and workgroups.</i>

FORM 2: CONTINUATION APPLICATION

Instructions for Recipients

The Continuation Application Form collects information about each program, policy, or practice that your organization plans to implement using EfC funding during the NEXT budget period of xx/xx/xxxx to xx/xx/xxxx.

Section 1: List of Work Plan Activities for Next Budget Year: Provide a bulleted list (including no more than 5-7 bullet points) of 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. [6000]

Section 2: Planned and New Program, Practice or Policy Efforts: Provide a description of the planned and new implementation of program, practice, or policy efforts for the NEXT budget period of xx/xx/xxxx to xx/xx/xxxx.

Describe planned and new program or policy efforts in the next budget period. [6000]
Section 2a: Planned and New Surveillance Efforts: Provide a description of the planned and new implementation of surveillance efforts for the NEXT budget period of xx/xx/xxxx to xx/xx/xxxx. Describe planned and new surveillance efforts in the next budget period. [6000]
Section 3: Budget Implications: Provide comments about any budgetary concerns for the NEXT budget period of xx/xx/xxxx to xx/xx/xxxx. Provide any comments about budgetary issues that might impede 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. [6000]
Section 4: Technical Assistance Needs: 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. If TTA is not needed, please explain. <i>Please note that reporting on a TTA need in this table does not constitute a formal request for TTA. Requests for TTA must be submitted separately through the DVP Partners Portal. Reach out to vptac@cdc.gov if you need more information about how to request TTA.</i> Would your program like additional training or technical assistance in any specific area? • Yes (Include existing requests already entered in VPTAC. Complete table below) • No (Please explain)

Training and Technical Assistance Table

If your program would like additional training or technical assistance, enter your requests in the table provided. Create a new row for each distinct TTA request, providing the Topic and Timeframe for each request. You will also need to describe the TTA requested. Please note that this is not a replacement for a TTA request with the VPTAC. For all TTA requests, please submit to the DVP Partners Portal <https://dvppartnersportal.cdc.gov/>.

When reporting TTA needed, make sure that:

- Each entry is a distinct TTA request based on the drop-down for the topic.
- The “Other” answer option for topic is selected only if the TTA request does not fall within the existing answer options.

Topic: [Chose one from dropdown]	Description of TTA Request [1000]	Timeframe [Chose one from dropdown]
• Planning • Partnerships • Communication • Policy • Specific Strategy or Approach • Implementation and/or Adaptation • Surveillance Data • Evaluation and Data • Optimal health for all, and especially for those at greatest risk • Other (not listed): Please specify topic		• Submitted TA Request in portal • Immediate • Within the next 6 months • Within the next year • No specific timeframe/Unknown

Section 5: Anticipated Challenges: Describe any anticipated challenges you may encounter in the next budget period of xx/xx/xxxx to xx/xx/xxxx and your plans to address them. What general challenges/problems do you anticipate in the next funding year? What do you plan to use to solve or address those challenges or problems? [6000]

FORM 3: TRAINING AND TECHNICAL ASSISTANCE (TTA) AND CAPACITY BUILDING

This form consists of two sections:

Section 1: Technical Assistance: Use this section to describe any technical assistance received by your program during the reporting period.

Section 2: Capacity Building: In this section, provide details about any capacity-building activities undertaken by your program.

SECTION 1: TECHNICAL ASSISTANCE

The purpose of this form is to collect information about what VetoViolence or other CDC resources recipients used, how often, and which ones were most useful. Please answer the following questions about technical assistance during the reporting period of xx/xx/xxxx to xx/xx/xxxx.

1. During this reporting period, how often have you used VetoViolence, other CDC resources, or VPTAC TTA providers when selecting, planning, implementing, or evaluating your program or strategies? (For example, technical packages, VETO Violence, technical assistance resources) (Select one)
 - ☐ Frequently (5+ times)
 - ☐ Sometimes (3-4 times)
 - ☐ Rarely (1-2 times)
 - ☐ Never (Skip to Section 2)
2. Which VetoViolence, other CDC resources, or VPTAC TTA providers have you found most useful during this reporting period? [1000]
 - ☐ CDC's Resources for Action
 - ☐ ACEs Infographic
 - ☐ Beyond the Headlines: Media Communication Training
 - ☐ Community HealthSim
 - ☐ Connecting the Dots
 - ☐ Dating Matters Interactive Guide to Informing Policy
 - ☐ Dating Matters Training for Educators
 - ☐ Dating Matters Toolkit

- ☐ EvaluACTION
- ☐ General Capacity Assessment for Violence Prevention
- ☐ Making the Case: Engaging Business
- ☐ Preventing Adverse Childhood Experiences (ACEs)
- ☐ Principles of Prevention
- ☐ Select, Adapt, Evaluate!
- ☐ Social Norms
- ☐ STRVE: Striving to Reduce Youth Violence Everywhere
- ☐ Success Stories
- ☐ Understanding Evidence
- ☐ Violence Indicators Guide & Database
- ☐ Violence Prevention in Practice
- ☐ YVPC Toolkit
- ☐ Resources (blogs, podcasts, tools, etc.) from VPTAC's TTA Providers (PreventConnect, NSVRC NRCOV)
- ☐ Haven't used CDC, VetoViolence, or VPTAC resources
- ☐ Haven't found CDC, VetoViolence, or VPTAC resources useful
- ☐ Other(s) (please list): Click or tap here to enter text.

3. During this reporting period, how often have you shared these VetoViolence, other CDC resources, or VPTAC resources with subrecipients or partners?

- ☐ Frequently (5+ times)
- ☐ Sometimes (3-4 times)
- ☐ Rarely (1-2 times)
- ☐ Never

Section 2: Capacity Building

1. 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

2. 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

3. 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

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

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

5. Provide any additional information about changes in capacity? (Optional) [2000]

FORM 4: STATE ACTION PLAN

Instructions for Recipients

This form collects information about progress on the State Action Plan. Report on any changes to specific section(s) of the State Action Plan during the reporting period xx/xx/xxxx to xx/xx/xxxx. T

SECTION 1: CHANGES TO THE STATE ACTION PLAN

This section collects information on changes made to the components in the State Action Plan. This section is not prefilled.

CHANGES TO THE STATE ACTION/STRATEGIC PLAN

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

- Yes (Complete table below)
- No (Save, Validate, and Check in)

CHANGES TO THE STATE ACTION/STRATEGIC PLAN TABLE

Choose each component of the State Action Plan that was changed, describe the change, the reason for the change, and how the change affects your program's work. Report each change on a separate row.

Type of Change: [Choose one from dropdown]	Description of Change [1000]	Describe the reason for the change and how it impacts your overall work: [1000]
• Approach or Strategy • Partner		

• State/Local/Tribal collaboration • Resources/Funding • Training/Technical Assistance • Sustainability • Centering and Engaging Communities • Data Use/Sources • Other (not listed): Specify Click or tap here to enter text.		
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SECTION 2: PARTNERSHIP

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

PARTNERSHIPS & RESOURCES TABLES

Report on the partner status during this reporting period. If there are changes in how the partner is engaged in the recipients' ACEs prevention work, please make updates. Each row is a distinct partner.

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

- *The organization name is spelled out. Do not use acronyms.*
- *All current partner organizations, especially those listed in your State Action Plan, are included.*
- *Only choose "other" for organization Type or Sector if your answer does not fall within the existing answer options.*
- *Include state-level, community-level and tribal partners.*

Name of Key Partner Organization	Primary Sector
	• Coalition • Business/Labor • Education (schools) • Justice (e.g., law enforcement, prisons, public safety) • Research Evaluation/Academic • Health Care/Services • Housing • Media • Public Health • Social Services • Victim Service • Government (Federal, State, Tribal, County, Local) • Social Justice/ Community Organizations (e.g., grassroots) • Faith-based • Other (not listed)

FORM 5: IMPLEMENTATION

Instructions for Recipients

The purpose of this form is to provide *information about each state-level program, policy, or practice that your organization implemented using Essentials for Childhood: Preventing ACEs Through Data to Action funding during the reporting period of xx/xx/xxxx to xx/xx/xxxx. One implementation form submission should be submitted for each program, policy, or practice.*

SEM Levels

Individual – Prevention strategies at this level promote attitudes, beliefs, and behaviors that prevent violence. Examples include conflict resolution and life skills training.

Relationship – Prevention strategies here focus on communication, parenting practices, and other bonds and connections. Examples include parenting and family-focused prevention programs, mentoring, and peer programs.

Community – Prevention strategies at this level impact the social, economic, and environmental characteristics of settings. Examples include reducing social isolation; enhancing economic and housing opportunities; and improving the processes, policies, and settings in schools and workplaces.

Societal – Prevention strategies at this level impact broad societal factors that help create a level of acceptance or intolerance for violence. Examples include strategies to change social norms that support violence as an acceptable way to resolve conflicts, state and federal policies that offer economic and other support to families, and policies that support early childhood education to help pave the way for children to achieve lifelong opportunity and well-being.

Defining differences between strategy, approach, and program, policy, or practice

Strategy – A strategy is a focus area from the CDC’s Resources for Action that lays out the direction or actions to achieve the goal of preventing violence. Example(s): Promote Social Norms that Protect Against Violence.

Approach – An approach is a specific way to advance a strategy. Approaches can be accomplished through programs, policies, or practices. Example(s): Bystander Approaches, Mobilizing Men and Boys as Allies.

Program, Policy, or Practice – A program, policy, or practice is a specific group of activities that work together to achieve the intended outcome of an approach. Example(s): Green Dot, Bringing in the Bystander, Coaching Boys into Men. As you answer questions about the prevention approach implementation efforts, please reference the table below:

Program, Policy, and Practice Definitions and Examples

Program	Uses set educational/training (manualized curriculum) materials with a planned audience.	Educational sessions, staff/provider trainings.
Policy	Includes any work done to inform, assist in development, or put a policy into practice (i.e., Child Income Tax Credits) . Does not include work done to implement a recently enacted policy or policy scans. (Note: Advocacy is not allowed under NOFO funded projects.)	Policy recommendations, policy training, policy development.
Practice	Made up of activities or meetings that do not follow a set curriculum.	Social media campaign, environmental scans, coalition meetings, youth group meetings, mentoring, curriculum development, hot spot mapping, community outreach.

When creating new Implementation submissions:

1. Each program, practice or policy should be reported separately.
2. If implementing in multiple settings, complete one form and provide details in Section 5 (Reach).
3. If implementing across multiple sub-recipients, submit one form and list specific activities, adaptations and reach for each.
4. Report training associated with TA, capacity building, or strategic planning using other forms.
5. Name your form submission after the program, practice, or policy being implemented.

SECTION 1: DESCRIPTION OF IMPLEMENTATION EFFORT

*This section collects information about the program, policy, or practice that your organization implemented during the reporting period. In this section, you will need to provide the name of the program, policy, or practice, and the associated approaches from [CDC's VetoViolence Approach Search tool](#). One implementation form should be submitted for **each** program, policy, or practice.*

Describe the program, policy, or practice in a way that someone who is not familiar with the effort would understand. This should include what it intends to do, how it's 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.

Name of Effort: [100]

Click or tap here to enter text.

Program, Policy, or Practice

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

- Program/Practice
- Policy
- Unknown/Unsure

Is this an implementation or adaptation of any of the example programs, policies, or practices listed in DVP's Resources for Action? If so, please select from the list below.

Choose an item.

Please provide a short description of this program, policy, or practice: [500] *Describe the program, policy, or practice in a way that someone who is not familiar with the effort would understand. This should include what it is, how it's implemented, where it occurs, and any evidence of effectiveness (e.g., research evidence, experiential evidence, contextual evidence, indigenous knowledge, etc).* [6000]

Approach

Please select the Approach for this implementation effort

- Strengthening household financial security
- Family-friendly work policies
- Public education campaigns
- Legislative approaches to reduce corporal punishment
- Bystander approaches
- Men and boys as allies in prevention
- Early childhood home visitation

- High-quality childcare
- Preschool enrichment with family engagement
- Improved quality of child care through licensing and accreditation
- Social-emotional learning
- Safe dating and healthy relationship skill programs
- Parenting skills and family relationship approaches
- Mentoring programs
- After-school programs
- Enhanced primary care
- Victim-centered services
- Treatment to lessen the harms of ACEs
- Treatment to prevent problem behavior and future involvement in violence
- Family-centered treatment for substance use disorders
- Other
- Unknown/Unsure

SEM Level

Which SEM Level(s) does this Implementation Effort most directly impact? (Select one)

☐ Individual ☐ Relationship ☐ Community ☐ Societal

SECTION 2: POPULATION OF FOCUS AND REACH

This section collects information about the population/setting of focus and reach for this program, policy, or practice.

Population Groups: Please select all populations that are applicable to your program from below. It is likely that your implementation effort may reach most populations. However, if applicable, select populations that your implementation effort is specifically focusing on or trying to reach due to high rates of violence. Select "Other" if your answer does not fall within the existing options.

Population of Focus

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

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 populations with high rates of violence.

Provide a narrative description of the population and setting of focus for this implementation effort. If there is more than one implementation setting, please describe any differences in population of focus. Also describe why this population or setting was selected and how the implementation effort is appropriate for the selected population or setting [6000]

Population Groups

Is there a specific community or population you are focusing on? [Chose one from dropdown]

- Specific Community or Population (Check all that apply below)
- No Specific Community or Population (Skip to Reach tables below)

*If your program focuses on a specific population, please select all that are applicable from below. If your program is not focused on a specific population, you **do** not need to select any of the checkboxes below. Only select "other" if your answer does not fall within the existing options.*

Ethnicity [Select all that apply]

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer Not to Answer/Decline

Race [Select all that apply]

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Prefer Not to Answer/Decline

Groups with disabilities/health risks: [Select all that apply]

- Intellectual/developmental disabilities
- Mobility/ambulatory disabilities
- People with disabilities (general)
- Substance use
- Mental illness
- Other: Please Specify

Age groups: [Select all that apply]

- Infants (0-1)
- Young children (2-10)
- Youth (11-17)
- Young adults (18-24)
- Adults (25+)
- Older adults (65+)
- Other: Please Specify

Sexual orientation groups: [Select all that apply]

- Gay (lesbian or gay)
- Straight, this is not gay (or lesbian or gay)
- Bisexual
- Something else

- I don't know the answer

Economically disadvantaged groups: [Select all that apply]

- Experiencing homelessness
- Experiencing poverty
- Receiving government aid
- Other: Please Specify

Geographical groups: [Select all that apply]

- Tribal
- Rural
- Urban
- Low-income neighborhoods
- Suburban
- Other: Please Specify

Other Groups: [Select all that apply]

- 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: Please specify

Setting Reach table

This section collects information on the number of settings reached as part of prevention strategies during the reporting period. Enter a new row for each type of setting reached.

Number of Implementing Organization(s) [2000]	Type of Setting (aggregated data)	Geographic Location [Select all that apply]	Total Number of Settings Reached Since the Start of the NOFO	Description of Setting [1000]
Insert numeric value	- Community - County - Territory - State - Tribe - Non-governmental Organization (NGO) - Community-based Organization (CBO) - Business - Faith-based Organization - Elementary School - Middle School - High School - College/University - Bar - Other: Please Specify	- Statewide - County - Tribal - Rural - Urban - Low-income neighborhoods - Suburban - Other: Please Specify	Insert numeric value	Describe the setting you are reaching <i>i.e. Community health centers in rural communities</i>

Individual Reach table

This table collects information on the number of individuals reached as part of prevention strategies during the reporting period. Enter a new row for each specific population reached.

Number of Implementing Organization(s)	Total Number of Individuals Reached Since the Start of the NOFO	Description of Population [1000]

Insert numeric value	Insert numeric value	Describe the population that you are reaching
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FORM 6: EVALUATION

Instructions for Recipients

The Evaluation Form collects information about state-level evaluation and progress on evaluation activities conducted during the reporting period of xx/xx/xxxx to xx/xx/xxxx.

SECTION 1: PROGRESS ON ADDRESSING EVALUATION QUESTIONS

Evaluation Questions Table

This section collects information about your program's progress on the evaluation questions during the reporting period of xx/xx/xxxx to xx/xx/xxxx. For each question provide a summary of findings, including any quantitative or qualitative results. Additional quantitative results will be collected in the next section: Outcomes & Indicators.

Evaluation Question

- Q1: What has the recipient accomplished to achieve the overall goals and objectives of the NOFO, and the short-term and intermediate- outcomes in their logic model?
- Q2: How has the recipient leveraged multi-sector partnerships and resources among state agencies (additional funding at the local level) and other sectors to prevent ACEs, including forming sustainable systems and partnerships, and realigning/focusing/mobilizing resources to prevent ACEs?
- Q3: In what ways has the recipient built or enhanced their state-level surveillance system to monitor ACEs and PCEs?
- Q4: How has the recipient integrated and addressed centering and engaging communities and conditions for health and safety in preventing ACEs?
- Q5: In what ways has the recipient enhanced their statewide action plan to implement complementary ACEs prevention strategies (additional funding for implementation at the local level)?
- Q6: What factors are critical to implementing ACEs prevention program strategies?
- Q7: In what ways has the recipient enhanced their ability to use ACEs and PCEs surveillance and evaluation data to inform prevention strategy allocation? In what ways has the recipient enhanced their ability to disseminate and use data to inform partner, policy, or other action?
- Q8: To what extent has the recipient seen a sustainable increase in capacity and activities related to routine monitoring of ACEs and PCEs data among youth? To what extent has the recipient seen a sustainable increase in capacity and activities related to routine monitoring of near real-time surveillance to monitor indicators of ACEs?
- Q9: To what extent has the recipient demonstrated ability to link ACEs and PCEs data to those on conditions for health and safety, and utilize these data to inform prevention strategies? (if applicable)
- Q10: What is the reach/exposure of the NOFO efforts for each goal area?

- Q11: To what extent has the recipient demonstrated use of surveillance and evaluation data to inform prevention strategy allocation and implementation, including where we see the greatest impact. ?

SECTION 3: OUTCOMES AND INDICATORS

This section collects data on the indicators you are using to measure your selected outcomes.

Outcome and Indicator Table

For this NOFO, recipients may be assessing numerous outcomes. However, for the purpose of reporting in the partners portal, we ask that you enter a maximum of 8-10 outcomes with up to 1-2 indicators per outcome. To help streamline your efforts, we recommend entering the most relevant, high-priority outcomes, including at least one implementation and one risk/protective factor or violence outcome, if available. Recipients can continue to assess other outcomes, but report on the 8-10 high-priority outcomes annually.

EVALUATION QUESTION(S) ADDRESSED

Select the evaluation question(s) that the outcome addresses. You may select more than one question applicable to the outcome.

OUTCOME

Select the NOFO-level outcome(s) that the indicator(s) address. You may select more than one outcome applicable to the indicator(s).

INDICATORS AND DATA SOURCES

List 1-2 distinct indicators for each outcome, ensuring no overlap across outcomes to maintain clarity and specificity. Indicators serve as measurable evidence to assess if the prevention efforts are executed as planned and are achieving the intended results. For each indicator provide:

- **Indicator Description** define the indicator being used to measure the outcome. An indicator is a documentable piece of information, from a specific data source, used to determine if the outcome was achieved.
- **Data Source Type** identify the corresponding data source type (e.g., needs assessment, surveillance data, law enforcement data, hospital data, surveys, etc.)
- **Data Source Name and Description** specify the data source name with a brief description

CURRENT VALUE

Enter a number representing the value of your selected indicator based on the most recently available data at the time of reporting. If data cannot be reported or are not applicable for your selected indicator, you may select from the appropriate "No data to report" category to indicate no data are available.

YEAR 5 GOAL

Enter a number representing the desired goal to be achieved for your selected indicator at the end of the five-year NOFO. This is optional in years 1-2 but will be required starting in year 3.

Primary Evaluation Question(s) Addressed (make sure each eval question is addressed)	Description of Outcome [Select one for each row]	Indicator Description [500]	Data Source Type	Data Source Name and Description [500]	Current Value	Year 5 Goal (optional in years 1-2; required starting in Year 3)
☐ Question 1 ☐ Question 2 ☐ Question 3 ☐ Question 4 ☐ Question 5 ☐ Question 6 ☐ Question 7 ☐ Question 8 ☐ Question 9 ☐ Question 10 ☐ Question 11	☐ 1.1 Increased capacity to create, use, and disseminate data from a comprehensive ACEs and PCEs surveillance system ☐ 1.2 Increased state-level collection of ACEs and PCEs data through youth-based surveillance ☐ 1.3 Increased capacity to collect data on the conditions that impact health and safety* ☐ Objective 1.3a. Increased capacity to link data on the conditions that impact health and safety* ☐ 1.4 Increased access to ACEs and PCEs, risk and protective factors, and conditions for health and safety data to inform prevention strategies and identify differences	Click or tap here to enter text.	☐ Needs Assessment ☐ Surveillance data ☐ Law Enforcement data ☐ Hospital Data ☐ Surveys ☐ Interviews ☐ Focus Groups ☐ Administrative data ☐ National data ☐ State-level data ☐ Local-level data ☐ Tribal data ☐ Other (not listed) Please specify: Click or tap here to enter text.	Click or tap here to enter text.	☐ Insert numeric value: Click or tap here to enter text. ☐ No data to report ☐ Data is missing (program unable to collect) ☐ Data is not applicable (program does not collect)	☐ Year 1 (not applicable) ☐ Year 2 (not applicable) ☐ Insert numeric value

	among populations ☐ 1.5 Increased state-level monitoring of trends in ACEs and PCEs over time, and use of data from youth populations ☐ 1.6 Increased use of data on centering and engaging communities and the conditions that impact health and safety to contextualize risk factors for ACEs, and reduce identified gaps ☐ 1.7 Increased sustainability of a comprehensive ACEs and PCEs surveillance system that informs tailored prevention strategies ☐ 1.8 Synthesize syndromic surveillance data to track ACEs and PCEs, and related risk and protective factor data from across systems to inform prevention strategies (<i>optional</i>) ☐ 2.1 Increased partner awareness of existing state prevention strategies ☐ 2.2 Increased coordination and					
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	collaboration between state agencies and other sectors ☐ 2.2a. Increased coordination and collaboration between local agencies and other sectors* ☐ 2.3 Increased capacity to implement comprehensive ACEs prevention strategies at the state level ☐ 2.3a. Increased capacity to implement comprehensive ACEs prevention strategies at the local level* ☐ 3.1 Increased understanding of state surveillance and prevention capacity related to ACEs and PCEs ☐ 3.2 Increased capacity to use ACEs and PCEs surveillance and evaluation data to identify and tailor ACEs prevention strategies, center and engage communities, and address the conditions that impact health and safety ☐ 3.3 Increased data dissemination on ACEs and PCEs to state					
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	partners, policy-makers and the public ☐ 3.3a. Increased data dissemination on ACEs and PCEs to state and local partners, policy-makers, and the public* ☐ 3.4 Increased knowledge about the effectiveness of ACEs prevention strategies to improve health and wellbeing, and reduce identified gaps Intermediate Outcomes ☐ 1.5 Increased state-level monitoring of trends in ACEs and PCEs over time, and use of data from youth populations ☐ 1.6 Increased use of data on centering and engaging communities and the conditions that impact health and safety to contextualize risk factors for ACEs, and reduce identified gaps ☐ 1.7 Increased sustainability of a comprehensive ACEs and PCEs surveillance system that informs tailored prevention strategies					
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	☐ 2.4 Increased uptake and implementation of comprehensive ACEs prevention strategies at the state level ☐ Objective 2.4a. Increased uptake and implementation of comprehensive ACEs prevention strategies at the local level ☐ 2.5 Increased reach of prevention strategies, with a focus on communities with a higher burden of need than other groups ☐ 2.6 Increased evidence for population-based approaches to prevent ACEs ☐ 3.5 Increased use and translation of surveillance and evaluation data to inform tailored prevention strategy implementation to reduce ACEs and improve the conditions that impact health and safety ☐ 3.6 Increased partner response to the burden of ACEs and PCEs in their state, and public awareness of societal					
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	factors that lead to safe, stable, and nurturing relationships and environments					
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** Additional outcome for enhanced funding.*

FORM 7: DATA TO ACTION**Instructions for Recipients**

The Data to Action form collects information about your state-level ACEs and PCEs surveillance activities and data to action efforts achieved during the reporting period of xx/xx/xxxx to xx/xx/xxxx.

SECTION 1: SURVEILLANCE AND DATA TO ACTION INFRASTRUCTURE ENHANCEMENTS**Enhancements to the Surveillance and Data to Action Infrastructure**

Have you built or enhanced your ACEs and PCEs surveillance capacity or your data to action capacity during this reporting period?

- Yes (Complete table below)
- No (Select Save, Validate, and Check in below)

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. 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.

Enhancements to the Surveillance and Data to Action Infrastructure Table Surveillance Infrastructure Enhancement	Description of Activity and/or Enhancement	Describe the reason for the activity and/or enhancement and how it will impact your program.
Choose the most appropriate category for the enhancement activity conducted from the dropdown: ☐ Acquired staff to enhance a surveillance system ☐ Developed/leveraged multi-sector partnerships or resources ☐ Used or obtained state, territorial, or tribal -level jurisdiction-wide survey of adolescents to collect ACEs and PCEs data ☐ Have (or identified the ability to include and/or access) core ACEs data elements ☐ Have (or identified the ability to include and/or access) core PCEs data elements ☐ Shared state-level YRBS or other local		

equivalent survey data with CDC ☐ Selected indicators related to factors that disproportionately place populations of focus at risk relevant to ACEs prevention and intervention strategy selection, in collaboration with CDC ☐ Utilized state or tribal level youth-based ACEs and PCEs surveillance data to inform selection, implementation, and delivery of prevention strategies ☐ [ENHANCED FUNDING RECIPIENTS ONLY] Leveraged syndromic surveillance data using standard CDC definitions to track ACEs indicators ☐ [ENHANCED FUNDING RECIPIENTS ONLY] Linked factors that disproportionately place populations of focus at risk and ACEs and PCEs surveillance data to inform prevention strategy selection, alteration, and effectiveness ☐ Other (not listed): Specify Click or tap here to enter text.		
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Enhancements Table – Goal 3

Surveillance Infrastructure Enhancement	Description of Activity and/or Enhancement	Describe the reason for the activity and/or enhancement and how it will impact your program.
Choose the most appropriate category for the enhancement activity conducted from the dropdown: ☐ Used information from the ACEs and PCEs surveillance capacity assessment to develop recommendations for building or enhancing an integrated, comprehensive ACEs and PCEs		

surveillance system ☐ Developed and implemented a process and outcome evaluation plan for enhancing ACEs and PCEs surveillance and ACEs prevention strategies ☐ Shared updated data dissemination and data to action plans with CDC as part of annual reporting; all plans should be approved by CDC ☐ [ENHANCED FUNDING RECIPIENTS ONLY] Included local level implementation efforts within the process and outcome evaluation plan for enhancing ACEs and PCEs surveillance and ACEs prevention strategies ☐ [ENHANCED FUNDING RECIPIENTS ONLY] Utilized publicly available data from sources such as the County Health Rankings (https://www.countyhealthrankings.org/) or other data sources (e.g., social vulnerability index (SVI) data) ☐ Other (not listed): Specify Click or tap here to enter text.		
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Surveillance Infrastructure Activity: [Choose the most appropriate category for the enhancement activity conducted from the dropdown]	Surveillance Infrastructure Enhancement: [Choose the most appropriate category for this from dropdown]	Description of Activity and/or Enhancement: [1000]	Describe the reason for the activity and/or enhancement and how it will impact your overall work: [1000]
- Built or improved ACEs and PCEs surveillance infrastructure and data collection capacity - Collected or gathered state-level youth-based data on ACEs, PCEs, and related risk and broader protective factors	- Acquired staff to enhance a surveillance system - Developed/leveraged multi-sector partnerships or resources - Improved or expanded an existing infrastructure and data collection system		

• Shared state-level YRBS or other local equivalent survey data to facilitate CDC's provision of technical assistance in support of data to action efforts • Used data on the social determinants of health • Synthesized and used near real-time ACEs and PCEs data, and related risk and protective factor data, including from across systems to inform prevention strategies • [ENHANCED FUNDING RECIPIENTS ONLY] Synthesized and used syndromic surveillance (near-real time) data to track ACEs and PCEs, and related risk and protective factor data from across systems to inform prevention strategies • [ENHANCED FUNDING RECIPIENTS ONLY] Link social determinants of health data with youth-based ACEs and PCEs data • Conducted or updated ACEs & PCEs capacity assessments for surveillance and state-wide prevention strategies • Utilized surveillance and program evaluation findings to tailor and improve strategy implementation at the state level, with a focus on reducing differences in health outcomes across population groups. [ENHANCED FUNDING RECIPIENTS ONLY] Utilized surveillance and program evaluation findings to tailor and improve strategy implementation at the local level, with a focus on reducing differences in health outcomes across population groups. • Implemented aspects of a data to action dissemination plan to translate state ACEs, PCEs, and associated risk and protective factor data	• Used or obtained state, territorial, or tribal state-level jurisdiction-wide survey of adolescents to collect ACEs and PCEs data • Have (or identified the ability to include and/or access) core ACEs data elements • Have (or identified the ability to include and/or access) core PCEs data elements • Shared state-level YRBS or other local equivalent survey data with CDC • Selected social determinants of health indicators relevant to ACEs prevention and intervention strategy selection, in collaboration with CDC • Used data to more effectively monitor social and structural inequities related to social determinants of health • Utilized state level youth-based ACEs and PCEs surveillance infrastructure to inform selection, implementation, and delivery of prevention strategies • Generated, triangulated, and utilized different forms of data to tailor prevention, intervention, and evaluation efforts • Used indicators of ACEs from near-real time data to increase use of timely data to aide in prevention and intervention planning • [ENHANCED FUNDING RECIPIENTS] Leveraged syndromic surveillance data using standard CDC definitions to track ACEs indicators • [ENHANCED FUNDING RECIPIENTS] Linked social determinants of health and ACEs and PCEs surveillance data to inform prevention strategy selection, alteration, and effectiveness • [ENHANCED FUNDING RECIPIENTS] Reported to CDC on data linkage challenges and successes and ways that our linked data will be used to inform prevention strategies		
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• Conducted an interim process and outcome evaluation of program activities related to ACEs surveillance and prevention • [ENHANCED FUNDING RECIPIENTS ONLY] Conducted an interim process and outcome evaluation of program activities related to ACEs surveillance and prevention using linked data •	• Conducted or updated ACEs and PCEs capacity assessments for surveillance or state-wide prevention strategies • Used information from the surveillance capacity assessment to develop recommendations for building or enhancing the surveillance system • Used surveillance and program evaluation findings to tailor and improve strategy implementation at the state-level, with a focus on reducing differences in health outcomes across population groups. • Implemented aspects of the data to action plan • Conducted an interim process and outcome evaluation of program activities related to ACEs surveillance and prevention at the state level • [ENHANCED FUNDING RECIPIENTS ONLY] Conducted an interim process and outcome evaluation of program activities related to ACEs surveillance and prevention at the local level • [ENHANCED FUNDING RECIPIENTS ONLY] Conducted an interim process and outcome evaluation of program activities using linked youth-based surveillance and social determinants of health data • Other (please specify)		
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SECTION 2: DATA COLLECTION AND USE

This section collects information about the progress you have made in the collection, analysis, and use of ACEs and PCEs data on social factors or conditions for health and safety 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.

The first table should be used to provide data on ACEs, PCEs, and broader risk and protective factors that are contained within survey data sources. The second table should be used to provide data on health indices related to conditions for health and safety. The third table should be used to 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 or law enforcement records, or data from crisis or service hotlines.

Please add ONE row for each data source AND data collection year, only for data you have engaged with in the reporting period. For example, if you have engaged with 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.

Data Collection and Tracking – ACEs and PCEs in Survey Data

Survey Data Source	Survey Data Collection Year	Survey Data Geographic Areas	Survey Data Core ACE Variable Concepts Collected	Survey Data Core PCE Variable Concepts Collected	How were the survey data employed during this reporting period?
Select One: ☐ Youth Risk Behavior Survey ☐ Other youth-based surveillance system (specify) Click or tap here to enter text. ☐ National Survey of Children's Health ☐ Behavioral Risk Factor Surveillance System ☐ Pregnancy Risk Factor Surveillance System ☐ Other adult health survey (specify) Click or tap here to enter text. ☐ Other survey data collection (specify) Click or tap here to enter text.	Select one: ☐ Prior to 2021 (specify) ☐ 2021 ☐ 2022 ☐ 2023 ☐ 2024 ☐ 2025 ☐ 2026 ☐ 2027 ☐ 2028	Select all areas analysis can be conducted at: ☐ State ☐ Tribal ☐ Region within state ☐ County ☐ City ☐ Census tract ☐ Other (not listed): Specify Click or tap here to enter text.	Select all Core ACEs that apply: ☐ Lifetime emotional abuse ☐ Past-year emotional abuse ☐ Lifetime physical abuse ☐ Past-year physical abuse ☐ Lifetime sexual abuse ☐ Lifetime physical neglect ☐ Lifetime witnessed intimate partner violence ☐ Lifetime household or parent substance misuse ☐ Lifetime household or parent mental illness ☐ Lifetime household or parent incarceration	Select all Core PCEs that apply: ☐ Feeling able to talk to family or other adults about feelings ☐ Feeling supported by friends ☐ Feeling a sense of belonging at school	Choose how the data were employed. Select all that apply: ☐ Collected or accessed ☐ Analyzed ☐ Disseminated

Data Collection and Tracking - Health Indices Table

Health Indices Data Source	Health Indices Collection Year	Health Indices Geographic Areas	Health Indices Variable Concepts Collected	How were the survey data employed during this reporting period?
Select One: ☐ County Health Rankings ☐ Child Opportunity Index 2.0 ☐ American Community Survey ☐ Annie E. Casey Kids Count Data Center ☐ Other health index (specify) Click or tap here to enter text.	Select one: ☐ Prior to 2021 (specify) ☐ 2021 ☐ 2022 ☐ 2023 ☐ 2024 ☐ 2025 ☐ 2026 ☐ 2027 ☐ 2028	Select all areas analysis can be conducted at: ☐ State ☐ Tribal ☐ Region within state ☐ County ☐ City ☐ Census tract ☐ Other (not listed): Specify Click or tap here to enter text.	Describe each measure used within the index.	Choose how the data were employed. Select all that apply: ☐ Collected or accessed ☐ Analyzed ☐ Disseminated

Data Collection and Tracking Table: Additional Administrative Medical, Social Service, Law Enforcement, or Hotline Data

Additional Data Source	Additional Data Collection Year	Additional Data Geographical Areas	Additional Data Core ACE Variable Concepts Collected	Additional Data Core PCE Variable Concepts Collected	Additional Data Employed
Select One: ☐ Syndromic surveillance ☐ Electronic health record (EHR) ☐ Hospital discharge data ☐ Hotline (specify) ☐ Child welfare data ☐ Substance use or mental health service records ☐ Law enforcement records ☐ Other administrative data sources (specify)	Select one: ☐ Prior to 2021 (specify) ☐ 2021 ☐ 2022 ☐ 2023 ☐ 2024 ☐ 2025 ☐ 2026 ☐ 2027 ☐ 2028	Select all areas analysis can be conducted at: ☐ State ☐ Tribal ☐ Region within state ☐ County ☐ City ☐ Census tract ☐ Other (not listed): Specify Click or tap here to enter text.	Select all Core ACEs that apply: ☐ Lifetime emotional abuse ☐ Past-year emotional abuse ☐ Lifetime physical abuse ☐ Past-year physical abuse ☐ Lifetime sexual abuse ☐ Lifetime physical neglect ☐ Lifetime witnessed intimate partner violence ☐ Lifetime household or parent substance misuse ☐ Lifetime household or parent mental illness ☐ Lifetime household or parent incarceration	Select all Core PCEs that apply: ☐ Feeling able to talk to family or other adults about feelings ☐ Feeling supported by friends ☐ Feeling a sense of belonging at school	Choose how the data were employed. Select all that apply: ☐ Collected or accessed ☐ Analyzed ☐ Disseminated

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 section.

Data Source (Name)	Data Source Type	Description of Data Source [500]	Use of Data	Describe Data Use [500]	Describe any barriers or challenges your program encountered in

					accessing this data source: [500]
	Select one: ☐ Needs Assessment ☐ Surveillance data ☐ Police data ☐ Hospital data ☐ Surveys ☐ Interviews ☐ Focus groups ☐ Administrative data ☐ Other (not listed): Specify Click or tap here to enter text.		☐ Select prevention strategies/approaches/programs ☐ Select sub-recipients or community partners ☐ Address differences in health outcomes ☐ Inform State or Tribal Action Plan ☐ Inform program or policy effort implementation ☐ Complete Evaluation ☐ Select population of focus		

SECTION 3: DATA DISSEMINATION

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 xx/xx/xxxx to xx/xx/xxxx, 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).

Include all data sources and data dissemination activities. Choose which data dissemination activity was conducted and provide a description of the activity, the core audience, and the potential reach.

Data Dissemination Table

Data Dissemination Activity [Select one]	Description of Activity [500]	Core Audience [Select all that apply]	Reach of Efforts [500]

☐ Released new or updated data dashboard or data website ☐ Released new or updated infographic ☐ Released new or updated fact sheets (state or tribal level) ☐ Released new or updated fact sheets (local level) ☐ Other (not listed): Specify Click or tap here to enter text.		☐ General public ☐ State/Tribal agencies or governmental partners ☐ Non-profit or community partners ☐ Policymakers ☐ Other (not listed): Specify Click or tap here to enter	
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SECTION 4: OTHER SURVEILLANCE OR DATA TO ACTION FUNDING

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 xx/xx/xxxx to xx/xx/xxxx.

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

- Yes (Complete table below)
- No (Select Save, Validate, and Check in below)

Additional Surveillance and Data to Action Data Funding Table

Additional Funding Received [If YES, please describe any additional funding leveraged.] [1000]	Additional Surveillance Data Funding Notes [Provide any additional information related ACEs data and funding. If none, indicate N/A] [1000]

SECTION 5: MODIFICATIONS TO DATA MANAGEMENT PLAN

This section collects data on any changes or updates that have been made to your data management plan during the performance period of xx/xx/xxxx to xx/xx/xxxx. [Please](https://www.cdc.gov/grants/additional-requirements/ar-25.html) refer to the CDC DMP Guidelines (<https://www.cdc.gov/grants/additional-requirements/ar-25.html>) when completing the relevant sections below.

Have you modified your data management plan during this reporting period?

- Yes (Complete table below, and upload your updated Data Management Plan)
- No (Select Save, Validate, and Check in below)

Data Management Plan Modifications Table

What type of modification was made to your Data Management Plan during this reporting period? [Select All that apply]	Describe any updates to your data management plan [1000]
☐ Adding or removing collected or generated data ☐ Standards to be used for the collected or generated data, including plans for data management/organization (e.g., dashboard, data systems) ☐ Mechanisms for or limitations to providing access to and sharing of the data ☐ Use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use ☐ Plans for archiving and long-term preservation of the data ☐ Other (not listed): Specify Click or tap here to enter text.	

SECTION 6: MODIFICATIONS TO DATA DISSEMINATION AND DATA TO ACTION PLAN

This section collects data on changes or updates that were made to your data to action and dissemination plan during the performance period of xx/xx/xxxx to xx/xx/xxxx .

Data Dissemination and Data to Action Plan Modifications Table

Have you modified your data dissemination and data to action plan during this reporting period?

- Yes (Complete table below, and upload your updated Data Dissemination and Data to Action Plan)
- No (Select Save, Validate, and Check in below)

What type of modification was made to your data dissemination and data to action plan during this reporting period? [Select all that apply]	Describe any updates to your data dissemination and data to action plan, with an emphasis on plans for the coming reporting period. [1000]

☐ Updated dissemination and action plan ☐ Synthesized data to tailor implementation of prevention strategies (state- or tribal level) ☐ Synthesized data to tailor implementation of prevention strategies (ENHANCED ONLY: local level) ☐ Disseminated data: data dashboard or website ☐ Disseminated data: infographic ☐ Disseminated data: fact sheets ☐ Other (not listed): Specify Click or tap here to enter text.	
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