OMB #: 0970-0531
Expiration Date: 9/30/2028

HMRF-LETA EVALUATION BENCHMARK TRACKING FORM

This form collects key evaluation benchmarks from HMRF grantees conducting local evaluations.

Instructions:

- Have your evaluation enrollment and data collection numbers ready before starting.
- Complete Section A.
- Complete Sections B and C. The form will show only the questions that apply to your evaluation based on your design type and data collection methods.
- Finally, complete Section D.
- All questions are cumulative since the start of your local evaluation enrollment unless otherwise noted.
- If a question does not apply, enter N/A.

PAPERWORK REDUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to monitor progress on evaluation benchmarks for 2025 Healthy Marriage and Responsible Fatherhood grantees that are conducting local evaluations. Public reporting burden for this collection of information is estimated to average 0.13 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0531 and the expiration date is 9/30/2028. If you have any comments on this collection of information, please contact Ashweeta Patnaik at ashweeta.patnaik@mefassociates.com.

Section A. Grantee Information

First, we would like to ask for some basic information about your HMRF program and the local evaluation.

- A_Q1. Please enter the Grantee Name. *[Text entry field]*

Submissions

- A_Q2. What date are you reporting through? *[Date entry field]*
- A_Q3. Who is completing this form? Please enter your name and role. *[Text entry field]*

Design type

- A_Q4. Please select your evaluation design type(s). *[Select all that apply]*
    - Descriptive Outcome
    - Impact
    - Implementation
    - Formative
    - Measurement
- A_Q5. Please select the types of data you plan to collect for your evaluation. *[Select all that apply]*
    - Quantitative Data
    - Qualitative Data

Section B. Enrollment

Next, we would like to ask you about your enrollment sample sizes:

- B_Q1. How many program participants overall have consented and enrolled in your evaluation? *[Numeric entry field]*

[If A_Q4 != Impact, skip to Section C]

- B_Q2. How many of the participants enrolled in the evaluation are in the treatment group? *[Numeric entry field]*
- B_Q3. How many of the participants enrolled in the evaluation are in the comparison or control group? *[Numeric entry field]*

Section C. Data collection

Now we would like to ask about your evaluation data collection progress.

[If A_Q5 = Quantitative]

[If A_Q4!= Impact]

Evaluations without a comparison group

Wave 1 (e.g., baseline or entrance survey)

- C_Q1A. How many participants overall are eligible to complete your first local evaluation survey? *[Numeric entry field]*
- C_Q1B. How many participants overall have completed your first local evaluation survey? *[Numeric entry field]*

Wave 2 (e.g., exit survey)

- C_Q2A. How many participants overall are eligible to complete your second local evaluation survey? *[Numeric entry field]*
- C_Q2B. How many participants overall have completed your second local evaluation survey? *[Numeric entry field]*

Wave 3 (e.g., 6-month follow-up survey)

- C_Q3. Does your evaluation include a third survey (e.g., a follow-up survey after program exit)? *[Selection field: Yes/No]*

[If C_Q3 = No, skip to C_Q10]

- C_Q3A. How many participants overall are eligible to complete your third local evaluation survey? *[Numeric entry field]*
- C_Q3B. How many participants overall have completed your third local evaluation survey? *[Numeric entry field]*

[Go to C_Q10]

[If A_Q4= Impact]

Impact evaluations

Wave 1 (e.g., baseline or entrance survey)

- C_Q4A. How many **treatment** group participants overall are eligible to complete your first local evaluation survey? *[Numeric entry field]*
- C_Q4B. How many **treatment** group participants overall have completed your first local evaluation survey? *[Numeric entry field]*

- C_Q5A. How many **comparison or control** group participants overall are eligible to complete your first local evaluation survey? *[Numeric entry field]*
- C_Q5B. How many **comparison or control** group participants overall have completed your first local evaluation survey? *[Numeric entry field]*

Wave 2 (e.g., exit survey)

- C_Q6A. How many **treatment** group participants overall are eligible to complete your second local evaluation survey? *[Numeric entry field]*
- C_Q6B. How many **treatment** group participants overall have completed your second local evaluation survey? *[Numeric entry field]*
- C_Q7A. How many **comparison or control** group participants overall are eligible to complete your second local evaluation survey? *[Numeric entry field]*
- C_Q7B. How many **comparison or control** group participants overall have completed your second local evaluation survey? *[Numeric entry field]*

Wave 3 (e.g., 6-month follow-up survey)

- C_Q8. Does your impact evaluation include a third survey (e.g., a follow-up survey after program exit)? *[Selection field: Yes/No]*

[If C_Q8 = No, skip to C_Q10]

- C_Q8A. How many **treatment** group participants overall are eligible to complete your third local evaluation survey? *[Numeric entry field]*
- C_Q8B. How many **treatment** group participants overall have completed your third local evaluation survey? *[Numeric entry field]*
- C_Q9A. How many **comparison or control** group participants overall are eligible to complete your third local evaluation survey? *[Numeric entry field]*
- C_Q9B. How many **comparison or control** group participants overall have completed your third local evaluation survey? *[Numeric entry field]*

Program/MIS records

- C_Q10. Are you using program (e.g., MIS) records? *[Selection field: Yes/No]*
- C_Q10A. *[If C_Q10 = Yes]* Are you receiving the program records (e.g., MIS data) you need for your evaluation on the schedule you need? *[Selection field: Yes / No]*

[If A_Q5 = Qualitative]

Evaluations with qualitative data

- C_Q11. Please select the qualitative data collection methods you are using. *[Select all that apply]*

    - Staff interviews
    - Participant interviews
    - Staff focus groups
    - Participant focus groups
    - Observations

- C_Q12. *[If C_Q11 = Staff interviews]* How many staff interviews have you completed to date? [Numeric entry field]
- C_Q13. *[If C_Q11 = Participant interviews]* How many participant interviews have you completed to date? [Numeric entry field]
- C_Q14. *[If C_Q11 = Staff focus groups]* How many staff focus groups have you completed to date? [Numeric entry field]
- C_Q15. *[If C_Q11 = Participant focus groups]* How many participant focus groups have you completed to date? [Numeric entry field]
- C_Q16. *[If C_Q11 = Observations]* How many observations have you completed to date? [Numeric entry field]

Section D. Conclusion

Last, we would like to ask about the overall progress of your evaluation and any support you may need.

Notes

- D_Q1. Please enter any notes about the data reported above, including any concerns about data quality. *[Text entry field]*

Progress

- D_Q2. What is your assessment of overall evaluation progress? *[Selection field: On track/Minor delays/Significant delays]*

Support

- D_Q3. Please describe any evaluation TA or support you need from your LETA team. *[Text entry field]*

Thank you for completing this form. Your LETA team will follow up with you to discuss your progress and any support needs.