# FY21 ANNUAL QUESTION TEMPLATE

This template is an OPTIONAL resource for grantees to use if they would like to answer the Annual Questions in the Quarter 2 reporting system within a Word document prior to inputting data into the online Quarterly Reporting System. This template is for internal program use only and grantees are still responsible for submitting all data through the Quarterly Reporting System.

Rows with a light blue background indicate that the question is a sub-question. Sub-questions are auto populated in the reporting system based on the response to a previous question.

## **Prevention Strategy Form** Background and Program, Policy, or Practice Description

The following annual questions will only display in your quarterly report for Quarter 2 and are only to be filled out once per year. These questions ask information about the prevention program(s) you implemented over the course of the reporting period.

**Question frequency:** Annually (in Quarter 2)

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| Question Number | Question/Description | Data Field | Instructions/Answer Options | Grantee Response |
| **Selection of Programs Implemented**  Read P1 and P2 below carefully, before you make your selection. They contain filters that dictate exactly which questions you will be asked for each program.   * P1 – Use P1 to select any NEW program(s) you began to implement on/after August 1, 2020 * P2 – Use P2 to select any OTHER programs that you implemented between August 1, 2020 – July 31, 2021, even if you discontinued this program during this reporting period.   Ensure that each program that you implemented between August 1, 2020 - July 31, 2021 is selected in only one of the questions below, even if you are not currently implementing it. DO NOT SELECT THE SAME PROGRAM IN BOTH P1 AND P2. | | | | |
| P1 | P1. Select the name(s) of the NEW program(s) you first began to implement on/after August 1, 2020. Check all that apply.    If you select multiple programs, policies, or practices then a unique set of questions will populate for each program, policy, or practice selected. Be sure to complete the entire set of questions for each program, policy, or practice that you select below. | Multiple Answer | Select the program(s), policy(ies), and practice(s) you first began to implement during this reporting year. If your primary program is not listed, please select the appropriate “Other – program [#] – not listed” option and enter the program title in the provided box. If you implemented one policy or practice, then select Policy or practice initiative 1 and write in the name of the policy or practice. If you implemented more than one policy or practice, select as many of the policy or practice initiatives numbers as you need, in successive order, until all of your policies or practices are captured in the response options. Options include:  *Programs:*   * *Be Strong: From the Inside Out* * *Bringing in the Bystander* * *Close to Home* * *Coaching Boys into Men - as a train the trainer program only* * *LiveRespect* * *Mentors in Violence Prevention – MVP Strategies* * *Second Step* * *Step Up* * *Other program 1– not listed: (write in name of program)* * *Other program 2– not listed: (write in name of program)*   *Policies or Practices:*   * *Policy or practice initiative 1: (write in name of policy or practice)* * *Policy or practice initiative 2: (write in name of policy or practice)* * *Policy or practice initiative 3: (write in name of policy or practice)* * *Policy or practice initiative 4: (write in name of policy or practice)* |  |
| P2 | Select the name(s) of the **OTHER** program(s) you were implementing prior to August 1, 2020 and continued to implement for at least some time during this reporting period. Check all that apply.  If you select multiple programs, policies, or practices then a unique set of questions will populate for each program, policy, or practice selected.  Be sure to complete the entire set of questions for each program, policy, or practice that you select below. | Multiple Answer | Select the program(s), policy(ies), and practice(s) you implemented prior to August 1, 2020 and continued to implement them for at least some time during this reporting period. If your primary program is not listed, please select the appropriate “Other – program [#] – not listed” option and enter the program title in the provided box. If you implemented one policy or practice, then select Policy or practice initiative 1 and write in the name of the policy or practice. If you implemented more than one policy or practice, select as many of the policy or practice initiatives numbers as you need, in successive order, until all of your policies or practices are captured in the response options. Options include:  *Programs:*   * *Be Strong: From the Inside Out* * *Bringing in the Bystander* * *Close to Home* * *Coaching Boys into Men - as a train the trainer program only* * *LiveRespect* * *Mentors in Violence Prevention – MVP Strategies* * *Second Step* * *Step Up* * *Other program 1– not listed: (write in name of program)* * *Other program 2– not listed: (write in name of program)*   *Policies or Practices:*   * *Policy or practice initiative 1: (write in name of policy or practice)* * *Policy or practice initiative 2: (write in name of policy or practice)* * *Policy or practice initiative 3: (write in name of policy or practice)* * *Policy or practice initiative 4: (write in name of policy or practice)* |  |

## **New programs (only applies to programs selected in p1)**

This set of questions (P3-P47) applies only to new programs selected in P1. For all questions related to other programs you were implementing prior to August 1, 2020 and continued to implement for at least some time during this reporting period, refer to the section for Other Programs (Page 30).

**If you selected multiple programs in P1, you need to copy and paste all tables with P3-P47 for each program (the online reporting system will automatically populate the correct question sets for you).**

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| Question Number | Question/Description | Data Field | Instructions/Answer Options | Grantee Response |
| P3 | Identify the organization that developed [name of program]. | Text Entry | [name of program] is displayed based on your response to P1. This question appears if a program was selected in question P1. Provide the name of the organization that developed the program you are implementing. |  |
| P4 | How many ***sessions*** does [name of program] include? *This number should represent the number of sessions prescribed by the organization that created the program.* | Numerical Entry | [name of program] is displayed based on your response to P1. This question appears if a program was selected in question P1. |  |
| P5 | Is your organization implementing the prescribed number of sessions submitted above? | Multiple Choice | This question appears if a program was selected in question P1. Response options:   * *Yes* * *No* |  |
| P5a | How many sessions is your organization implementing? | Numerical Entry | This question appears if “No” was selected in question P1c. |  |
| P5b | Please explain why your organization is implementing a different number of sessions than the number prescribed by the organization that created the program. | Text Entry | This question appears if “No” was selected in question P1c. |  |
| P6 | How many unique cycles of [name of program] have been implemented by your organization this reporting period? (August 1, 2020 – July 31, 2021). *Do not count any cycles that have been started but not completed.* | Numerical Entry | [name of program] is displayed based on your response to P1. This question appears if a program was selected in question P1. List the number of unique cycles of this program implemented by your organization over the course of the reporting period (August 1, 2020 – July 31, 2021). (i.e. how many times was this program fully implemented from start to finish with a different group of participants). *Example: If your organization fully implemented Bringing in the Bystander with 6 different cohorts over the reporting period, the number of unique implementation cycles is 6.* |  |
| P7 | Describe [name of program, policy, or practice]. If describing a program grantees **must** identify the community level component implemented as a part of a comprehensive primary prevention program.  *The description should explain clearly to someone who is not familiar with this program, policy, or practice: what it is, what it intends to do, how and where (setting) it is being implemented, and if a program, any community level activities associated with this program.* | Text Entry | [name of program, policy, or practice] is displayed based on your response to P1. Provide a summary of this program, policy, or practice (500 Character Limit). The description should explain clearly to someone who is not familiar with this program, policy, or practice: what it is, what it intends to do, how and where (setting) it is being implemented, and if a program, any community level activities associated with this program. |  |
| P8 | Which STOP SV approach does [name of program, policy, or practice] address? Select only one. *If your approach addresses multiple categories, choose one category that it best aligns with.* | Multiple Choice | [name of program, policy, or practice] is displayed based on your response to P1. Select the STOP SV approach that most accurately reflects your program, policy, or practice. For more information on what each of these entail, see the Texas Programming Summary (<https://evalsvpptx.com/resources/>). Options include:   * *Bystander approaches* * *Mobilizing men and boys as allies* * *Strengthening leadership and opportunities for girls* |  |
| P9 | Explain how [name of program, policy, or practice] addresses the STOP SV approach selected above. | Text Entry | [name of program, policy, or practice] is displayed based on your response to P1. Provide a brief explanation of how this program, policy, or practice addresses the approach. |  |

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| P10 | What is the main way [name of program, policy, or practice] is delivered? Select only one. | Multiple Choice | [name of program, policy, or practice] is displayed based on your response to P1. Select the option that most accurately reflects how this program, policy, or practice is delivered. Response options include:   * *Educational curriculum* * *Social marketing* * *Organizational policy change* * *Policy education or implementation* * *Community mobilization: [describe focus]* * *Other (not listed): [specify]* |  |
| P10a | Please further describe the focus of the effort. *Concisely describe the focus of this effort. What changes or actions does it intend to influence?* | Text Entry | This question appears if “Organizational policy change”, “Policy education or implementation”, “Community mobilization” or is selected above. |  |
| P10b | Select the type of policy.  Refer to the definition of Policy Education on page 6 of the Reporting Protocol to ensure your organization does not engage in lobbying. | Multiple Choice | This question appears if “organizational policy change” or “policy education or implementation” is selected above. Please select the type of policy from the response options below:   * *Policy* * *Procedure* * *Administrative action* * *Organizational contract* * *Other (not listed): [Specify]* |  |
| P10c | Select the focus of your policy. When reporting the focus of a policy effort, be as specific as possible in your description. For example, if you are educating groups on policy benefits, describe who you are reaching, what information is provided and how activities are delivered. Refer to the definition of Policy Education on page 6 to ensure your organization does not engage in lobbying. | Multiple Choice | This question appears if “organizational policy change” or “policy education or implementation” is selected above. Please select the focus of policy from the response options below:   * *Sexual harassment* * *Other, policies associated with Texas-specific approaches: [ Specify, character Limit: 100]* * *Other (not listed): [Specify, Character Limit: 100]* |  |
| P11 | Concisely describe the main way [name of program, policy or practice] is delivered. How does it bring about immediate change? What methods or principles does it use?  *If the program/policy/practice you are describing is a community mobilization effort, be sure to describe how the community members are brought together for planning and action.* | Text Entry | [name of program, policy, or practice] is displayed based on your response to P1. |  |
| P12 | What is the evidence (evaluation results, research outcomes, etc.) for the effectiveness of [name of program, policy, or practice] in addressing the identified sexual violence problem? Select only one.  Use the following information to guide your response.   * *Example approach listed in the technical package*   + *Bringing in the Bystander*   + *Coaching Boys into Men* * *Based on best available research evidence*   + *Be Strong: From the Inside Out*   + *Close to Home*   + *LiveRespect*   + *Mentors in Violence Prevention – MVP Strategies*   + *Second Step*   + *Step Up* * *Based on practice-based evidence*   + *Locally developed program approved by OAG during application process* * *Other (not listed): [specify Character Limit: 100]* | Multiple Choice | [name of program, policy, or practice] is displayed based on your response to P1. Response options include:   * *Example approach listed in the technical package* * *Based on best available research evidence* * *Based on practice-based evidence* * *Other (not listed): [specify Character Limit: 100]* |  |
| P13 | What are the reasons for selecting [name of program, policy, or practice]? | Text Entry | [name of program, policy, or practice] is displayed based on your response to P1. Briefly describe why your organization decided to select this program, policy or practice. |  |
| P14 | Describe the essential content (the “what”) of [name of program, policy, or practice].  *For individual-level practice-based strategies, describe the knowledge, skills, and messages delivered through the prevention strategies.*  *For community-level practice-based strategies, describe the key messages or design elements.* | Text Entry | [name of program, policy, or practice] is displayed based on your response to P1. Describe the essential content (the “what”) of this program, policy or practice. Character Limit: 1000 |  |
| P15 | Describe the essential delivery (the “how”) of [name of program, policy, or practice].  *For individual-level practice-based strategies, describe the instructional methods, delivery timing, and logistics.*  *For community-level practice-based strategies, describe guiding principles, implementation methods and processes.* | Text Entry | [name of program, policy, or practice] is displayed based on your response to P1. Describe the essential delivery (the “how”) of this program, policy, or practice. Character Limit: 1000 |  |
| P16 | Describe the characteristics of the implementers (the “who”) of [name of program, policy, or practice]. *For individual-level practice-based strategies, describe the person or entity delivering prevention strategy activities.*  *For community-level practice-based strategies, describe the characteristics of leaders, partners, and stakeholder implementing the prevention strategy.* | Text Entry | [name of program, policy, or practice] is displayed based on your response to P1. Describe the essential implementer’s characteristics (the “who”) of this program, policy, or practice. Character Limit: 1000 |  |
| P17 | Were there any changes to [name of program, policy, or practice] during this reporting period? | Yes/No | [name of program, policy, or practice] is displayed based on your response to P1. Response options:   * *Yes* * *No* |  |
| P17a | Explain changes. | Text Entry | This question appears if “yes” is selected above. Explain the changes to this program, policy, or practice during this reporting year. Character Limit: 1000 |  |

## Population of Focus and Reach – new programs

This section relates to the population of focus for this program, policy, or practice implemented between August 1, 2020 and July 31, 2021.

**Question frequency:** Annually (in Quarter 2)

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| Question Number | | Question/Description | Data Field | | Instructions/Answer Options | | Grantee Response | |
| P18 | | Provide a narrative description of the population and setting of focus for [name of program, policy, or practice]. | Text Entry | | [name of program, policy, or practice] is displayed based on your response to P1. Describe the population of focus and setting of focus for your programming. | |  | |
| P19 | | Why was this population or setting selected and how is [name of program, policy, or practice] appropriate for the selected population of focus? | Text Entry | | [name of program, policy, or practice] is displayed based on your response to P1. Describe your organizations rational for selecting this population or setting.  Describe how the program is appropriate for selected population. | |  | |
| P20 | | Is there a specific community or population you are focusing on? | Yes/No | | Options include:   * *Yes* * *No*   If this program, policy, or practice is focused on a specific type of community or population, then select “Yes” and select all categories that apply in the next question. If it does not have a specific or special emphasis, then select “No”. | |  | |
| P20a | | If yes, select all that apply. | Multiple Answer | | This question appears if “Yes” is selected above. Select the specific community(ies) and/or population(s) you are focusing on. Options include:   * *Poor or Economically Disadvantage* * *People with Disabilities* * *Rural* * *Tribal Communities* * *Urban Communities* * *Vulnerable or At-Risk Population* * *Adolescent* * *African-American or Black Population* * *Asian Population* * *Hispanic or Latino Population* * *Pacific Islanders Population* * *Parents and Families* * *Single Parents* * *Women and Girls* * *Men and Boys* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100 ]* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* | |  | |
| P21 | | Select the types of ***individuals*** that you are focusing on and who you intend to affect (select all that apply). The selected categories should align with the narrative description provided above. | Multiple Answer | | If your population is not listed, select ‘Other’ and describe your population. Options include:   * *Students* * *Teachers/Professors* * *School Administrators* * *School Staff* * *Parents* * *Healthcare Professionals* * *Mental Health Providers* * *Employees of An Organization* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* | |  | |
| P22 | | Select the types of ***organizations*** that you are focusing on and who you intend to affect (Select all that apply). The selected categories should align with the narrative description provided above. | Multiple Answer | | Select the intended organizations. If your organization of interest is not listed, select ‘Other’ and describe the organizations. Options include:   * *Schools or Universities* * *Non-government Agencies* * *Non-Profits* * *Businesses* * *Homes* * *Employers* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* | |  | |
| P23 | | Select the types of ***communities*** you are focusing on and who you intend to affect (Select all that apply). The selected categories should align with the narrative description provided above. | Multiple Answer | | Select the intended communities. If your community of interest is not listed, select ‘Other’ and describe your community. Options include:   * *School District* * *County* * *City* * *Census Tract/Zip Code* * *Commercial District* * *Neighborhood* * *Territory Area* * *Park and Recreational Area* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* | |  | |
| Reach Questions – See definition of Actual Reach on page 5. | | | | | | |  | |
| P24 | | Individuals - Actual Reach:  Enter number of individuals **from your population of focus** reached through [name of program, policy, or practice] between August 1, 2020 – July 31, 2021. Include participants from educational sessions, training sessions, projects (ex: community gardens, art walks, etc.), presentations (static, primarily one-way communication including webinars), community meetings, asynchronous programming, and social media followers. *Organizations should only enter data here for individuals within their selected community (as identified in your Programming Summary). If you reached individuals outside your selected community, please enter those individuals in question P25.* | Numerical Entry | | [name of program, policy, or practice] is displayed based on your response to P1. Enter the number of individuals from the population of focus affected by or exposed to this program, policy, or practice. | |  | |
| P25 | | Individuals - Actual Reach from Outside Your Selected Community (as identified in your Programming Summary):  Enter number of individuals from outside your community reached through [name of program, policy, or practice] between August 1, 2020 – July 31, 2021: | Numerical | | Due to COVID-19 we recognize that some organizations may now be reaching individuals from outside their selected community. Please record the number of those individuals here, if applicable. | |  | |
| P26 | | Schools – Actual Reach: Enter number of schools reached through [name of program, policy, or practice] between August 1, 2020 – July 31, 2021: | Numerical Entry | | [name of program, policy, or practice] is displayed based on your response to P1. Enter the number of schools from the population of focus affected by or exposed to this program, policy, or practice.  Your actual reach can never be more than your potential reach. | |  | |
| P27 | | Organizations - Actual Reach:  Enter number of organizations reached through [name of program, policy, or practice] between August 1, 2020 – July 31, 2021. | Numerical Entry | | [name of program, policy, or practice] is displayed based on your response to P1. Enter the number of organizations from the population of focus affected by or exposed to this program, policy, or practice.  Your actual reach can never be more than your potential reach. | |  | |
| P28 | Communities- Actual Reach:  Enter number of communities reached through [name of program, policy, or practice] between August 1, 2020 – July 31, 2021. | | | Numerical Entry | | [name of program, policy, or practice] is displayed based on your response to P1. Enter the number of communities from the population of focus affected by or exposed to this program, policy, or practice.  Your actual reach can never be more than your potential reach. | |  |

## Risk and Protective Factors and Violence Outcomes for this Program, Policy or Practice – new programs

**Question frequency:** Annually (in Quarter 2)

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| P29 | Provide a narrative description of the outcomes and risk and protective factors that [name of program, policy, or practice] intends to change. | Text Entry | [name of program, policy, or practice] is displayed based on your response to A1. Describe the outcomes and risk and protective factors that your selected program intends to change. |  |
| Identify the **risk factors** [name of program, policy, or practice] addresses. | | | |  |
| P30 | Individual (select all that apply): | Multiple Answer | Select the risk factors that this program, policy, or practice addresses. Options include:   * *Alcohol and drug use* * *Lack of empathy* * *General Aggressiveness and acceptance of violence* * *Exposure to sexually explicit media* * *Hostility towards women* * *Adherence to traditional gender role norms* * *Hyper-masculinity* |  |
| P31 | Relationship (select all that apply): | Multiple Answer | Select the relationship risk factors that this program, policy, or practice addresses. Options include:   * *Emotionally unsupportive family environment* * *Association with sexually aggressive, hypermasculine, and delinquent peers* |  |
| P32 | Community (select all that apply): | Multiple Answer | Select the community risk factors that this program, policy, or practice addresses. Options include:   * *General tolerance of sexual violence within the community* |  |
| P33 | Societal (select all that apply): | Multiple Answer | Select the societal risk factors that this program, policy, or practice addresses. Options include:   * *Societal norms that support sexual violence* * *Societal norms that support male superiority and sexual entitlement* * *Societal norms that maintain women's inferiority and sexual submissiveness* |  |
| Identify the **protective factors** [name of program, policy, or practice] addresses. | | | |  |
| P34 | Individual (select all that apply): | Multiple Answer | Select the individual protective factors that this program, policy, or practice addresses. Options include:   * *Emotional health and connectedness* * *Empathy and concern for how one's* *actions affect others* |  |
| P35 | Relationships (select all that apply): | Multiple Answer | Select the relationship protective factors that this program, policy, or practice addresses. Options includes:   * *Connection to a caring adult* |  |
| P36 | Community (select all that apply): | Multiple Answer | Select the community protective factors that this program, policy, or practice addresses. Options include:   * *Neighborhood or community support and connectedness* |  |
| P37 | Societal (select all that apply): | Multiple Answer | Select the societal protective factors that this program, policy, or practice addresses. Option includes:   * *Societal norms that violence is unacceptable* |  |
| P38 | What types of violence and injury outcomes does [name of program, policy, or practice] directly address? Select all that apply. |  | [name of program, policy, or practice] is displayed based on your response to P1. Response options include:   * *Sexual Violence* * *Child Abuse and Neglect* * *Child Sexual Abuse* * *Human Trafficking* * *Youth Violence* * *Intimate Partner Violence* * *Teen Dating Violence* * *Suicide* * *Other (not listed): [specify Character Limit: 100]* |  |
| P39 | How does [name of program, policy, or practice] address those risk and protective factors among the population of focus? | Text Entry | [name of program, policy, or practice] is displayed based on your response to P1. Describe how this program, policy, or practice address those risk and protective factors among the population of focus. |  |

## Adaptations – new programs

**Question frequency:** Annually (in Quarter 2)

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| Question Number | Question/Description | Data Field | Instructions/Answer Options | Grantee Response |
| P40 | Have you made any adaptations to [name of program, policy, or practice]? | Multiple Choice | Response options include:   * *Yes* * *No* |  |
| P41 | Select the type(s) of adaptation(s) made to [name of program, policy or practice]. *Select all that apply.*  *For each adaptation selected a unique set of questions will populate. You will be required to complete that set of questions for each adaptation selected.* | Multiple Answer | This question appears if “Yes” is selected above. Response options include:   * *Added content* * *Deleted content* * *Change sequence of sessions* * *Modified delivery or method* * *Added policy component* * *Deleted policy component* * *Modified an environmental design element* * *Changed the type of recommended implementer* * *Other (not listed): specify below* |  |
| **Copy and paste P41a-P41g for each adaptation selected in P41 (the online reporting system will automatically populate these questions for you)** | | | | |
| P41a | Describe in adequate detail what change was made to the design and implementation of the effort. What essential what, how, and who is changed? How is it changed?  For example, to implement a program in a different type of setting, what change did you make to the content, or to how it is delivered, or who implements it from how it was intended or designed? How does the change maintain the underlying logic of why the element is essential to the prevention strategy? | Text Entry | This question appears if “Yes” is selected above. |  |
| P41b | Which element of the prevention strategy did your program change or adapt? | Multiple Choice | This question appears if “Yes” is selected above. Response options include:   * *Content* * *Design element* * *Policy component* * *Delivery or method* * *Implementer* |  |
| P41c | Select the reason for the [type of adaptation selected above] adaptation. *Choose the answer that best describes your primary reason.* | Multiple Choice | This question appears if “Yes” is selected above. Response options include:   * *To increase relevance of materials for participants* * *To increase participant participation* * *To crate or maintain relationships with participants* * *To respond to limited time and resources* * *To respond to a resource, space, or time limitation* * *To increase relevancy to or fit with context* * *To align with the implementer’s facilitation style* * *Other (not listed): specify below* |  |
| P41d | Describe the reasons for the [type of adaptation selected above] adaptation. *Concisely describe what led to this adaptation and how the adaptation was decided. In the previous question, you chose the answer that best describes your primary reason. You can also elaborate on other reasons here.* | Text Entry | This question appears if “Yes” is selected above. |  |
| P41e | Was this adaptation made before or during delivery? | Multiple Choice | This question appears if “Yes” is selected above. Response options include:   * *Made before delivery was started* * *Made during implementation* |  |
| P41f | Select the response option that best aligns with your organization’s plan for this adaptation in future implementation cycles. | Multiple Choice | This question appears if “Yes” is selected above. Response options include:   * *Keep* * *Change* * *Omit* * *Adapt across sites* * *No plans* |  |
| P41g | Is there anything else you want to tell us about this adaptation? | Text Entry | Optional opportunity to provide information about the adaptation. Character Limit: 1000 |  |
| P42 | Describe how you plan to track and monitor these adaptations. *If you selected multiple adaptations make sure to describe how you are tracking and monitoring each of them.* | Text Entry | This question only appears if “Yes” is selected in P40. |  |

## Implementation Measures for this Program, Policy, or Practice – New programs

**Question frequency:** Annually (in Quarter 2)

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| Question Number | Question/Description | Data Field | Instructions/Answer Options | Grantee Response |
| P43 | Provide a brief description about the implementers of [name of program, policy, or practice]. | Text Entry | [name of program, policy, or practice] is displayed based on your response to P1. Implementers may include but not be limited to SAP staff, community partners, volunteers, community-based organizations, etc. |  |
| P44 | How many implementers have been trained to deliver or implement [name of program, policy, or practice] during this reporting period (August 1, 2020 and July 31, 2021)? *Note*: Do not include implementers who have been trained on this program during previous years. | Text Entry | [name of program, policy, or practice] is displayed based on your response to P1. Enter number only. |  |
| P45 | Report on the activities that demonstrate progress on [name of program, policy, or practice] (e.g. dose delivery).  Select the types of activities implemented this year. Select all that apply. *Ensure that all of your community-level activities associated with this program are represented in your selection(s).*  *For each activity selected a unique set of questions will populate. You will be required to complete that set of questions for each activity selected.* | Multiple Answer | [name of program, policy, or practice] is displayed based on your response to P1. Response options:   * *Educational sessions* * *Training sessions* * *Projects (ex: community gardens, art walks)* * *Ads* * *Web/Social Media Postings* * *Text messages or emails* * *Presentations (static, primarily one-way communication – including webinars)* * *Print materials* * *Meetings* * *Other - asynchronous programming* * *Other 1 (not listed- any other community-level work associated with this program not captured in other categories ): [specify Character Limit: 100]* * *Other 2 (not listed- any other community-level work associated with this program not captured in other categories ): [specify Character Limit: 100]* * *Other 3 (not listed- any other community-level work associated with this program not captured in other categories ): [specify Character Limit: 100]* |  |
| **Copy and paste P45a-P45d for each activity selected in P45 (the online reporting system will automatically populate these questions for you)** | | | | |
| P45a | Describe the [name of activity selected above]. | Text Entry | [name of activity selected above] will automatically be filled in based on your response(s) to question P47. You will be asked to answer this question for each of the activities selected. |  |
| P45b | Explain the purpose of the [name of activity selected above]. | Text Entry | [name of activity selected above] will automatically be filled in based on your response(s) to question P47. You will be asked to answer this question for each of the activities selected. |  |
| P45c | How many activities were completed this year related to [name of activity selected above]? | Numerical Entry | [name of activity selected above] will automatically be filled in based on your response(s) to question P47. You will be asked to answer this question for each of the activities selected. |  |
| P45d | Provide implementation progress comments related to [name of activity selected above] that have not been already captured. | Text Entry | [name of activity selected above] will automatically be filled in based on your response(s) to question P47. Provide anything else not already captured about the progress on implementing the selected activity. |  |

## Program, Policy, or Practice Resources – New Programs

**Question frequency:** Annually (in Quarter 2)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question Number | Question/Description | Data Field | Instructions/Answer Options | Grantee Response |
| P46 | How much of [name of program, policy, or practice] was funded by RPE? Select only one. | Multiple Choice | [name of program, policy, or practice] is displayed based on your response to P1. Response options:   * *Fully Funded* * *Funded in part* |  |
| P46a | How much of [name of program, policy, or practice] was funded by RPE? |  | This question appears if “Funded in Part” is chosen in response to question P49. Response options:   * *51 – 99%* * *50%* * *1 – 49%* * *0%* |  |
| P46b | How many other sources or partners contributed to [name of program, policy, or practice]? *Do not count RPE funding as a source.* (Enter number) | Numerical Entry | [name of program, policy, or practice] is displayed based on your response to P1.  This question appears if any response option other than 100% was selected above. Enter the number of sources or partners that contribute to this program, policy, or practice. |  |
| P46c | Select the sectors that those sources/partners represent. Select all that apply. | Multiple Answer | This question appears if any response option other than 100% was selected above. Response options:   * *Business/Labor* * *Education* * *Justice* * *Health Services* * *Housing* * *Media* * *Public Health* * *Social Services* * *Other (not listed): [specify]* |  |
| P46d | Select the ways in which partners contributed. Select all that apply. | Multiple Answer | This question appears if any response option other than 100% was selected above. Response options:   * *Funding* * *Resources* * *Staffing* * *Other (not listed): [specify Character Limit: 100]* |  |
| P47 | Were there any changes to contributing partners during this reporting period? | Yes/No | Response options:   * Yes * No |  |
| P47a | If yes, please explain. | Text Entry | This question appears if “Yes” was selected above. *Character Limit: 1000* |  |

## 

## **Other programs Implemented (only applies to programs selected in p2)**

This set of questions (O1-O23) applies only to other programs you were implementing prior to August 1, 2020 and continued to implement for at least some time during this reporting period (selected in P2).

**If you selected multiple programs in P2, you need to copy and paste all tables with P3-P47 for each program (the online reporting system will automatically populate the correct question sets for you).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question/Description | Data Field | | Instructions/Answer Options | Grantee Response |
| O1 | Is your organization implementing the prescribed number of sessions specified by the developer? | Multiple Choice | | This question appears if a program was selected in question P2. Prescribed number of sessions is the number of sessions the developer specifies that the program should be. Response options:   * *Yes* * *No* |  |
| O1a | How many sessions is your organization implementing? | | Numerical Entry | This question appears if “No” was selected in question O1. |  |
| O1b | Please explain why your organization is implementing a different number of sessions than the number prescribed by the organization that created the program. | | Text Entry | This question appears if “No” was selected in question O1. |  |
| O2 | How many unique cycles of [name of program] have been implemented by your organization this reporting period? (August 1, 2020 – July 31, 2021). *Do not count any cycles that have been started but not completed.* | | Numerical Entry | [name of program] is displayed based on your response to P2. List the number of unique cycles of this program implemented by your organization over the course of the reporting period (August 1, 2020 – July 31, 2021). (i.e. how many times was this program fully implemented from start to finish with a different group of participants). *Example: If your organization fully implemented Bringing in the Bystander with 6 different cohorts over the reporting period, the number of unique implementation cycles is 6.* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| O3 | Were there any changes to [name of program, policy, or practice] during this reporting period? | Yes/No | [name of program, policy, or practice] is displayed based on your response to P2. Response options:   * *Yes* * *No* |  |
| O3a | Explain changes. | Text Entry | This question appears if “yes” is selected above. Explain the changes to this program, policy, or practice during this reporting year. Character Limit: 1000 |  |

## Population of Focus and Reach – Other programs

This section relates to the population of focus for this program, policy, or practice implemented between August 1, 2020 and July 31, 2021.

**Question frequency:** Annually (in Quarter 2)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | | Question/Description | | Data Field | Instructions/Answer Options | | Grantee Response | |
| O4 | | Have you made any changes to the Population of Focus or Setting for [name of program, policy, or practice] since July 31, 2020? *If you answer no, we will use the population of focus information submitted last year.* | | Multiple Choice | [name of program, policy, or practice] is displayed based on your response to P2. Response options include:   * Yes, our Population of Focus or Setting is different than it was during the last reporting period. * No, our Population of Focus and Setting is the same. | |  | |
| **If you selected “No” in O4, skip to question O11.** | | | | | | | | |
| O4a | | If yes, please explain changes. | | Text Entry | This question is displayed if you select “Yes” to O4. | |  | |
| O5 | | Provide a narrative description of the population and setting of focus for [name of program, policy, or practice]. | | Text Entry | [name of program, policy, or practice] is displayed based on your response to P2. Describe the population of focus and setting of focus for your programming. | |  | |
| O6 | | Why was this population or setting selected and how is [name of program, policy, or practice] appropriate for the selected population of focus? | | Text Entry | [name of program, policy, or practice] is displayed based on your response to P2. Describe your organizations rational for selecting this population or setting.  Describe how the program is appropriate for selected population. | |  | |
| O7 | | Is there a specific community or population you are focusing on? | | Yes/No | Options include:   * *Yes* * *No*   If this program, policy, or practice is focused on a specific type of community or population, then select “Yes” and select all categories that apply in the next question. If it does not have a specific or special emphasis, then select “No”. | |  | |
| O7a | | If yes, select all that apply. | Multiple Answer | | This question appears if “Yes” is selected above. Select the specific community(ies) and/or population(s) you are focusing on. Options include:   * *Poor or Economically Disadvantage* * *People with Disabilities* * *Rural* * *Tribal Communities* * *Urban Communities* * *Vulnerable or At-Risk Population* * *Adolescent* * *African-American or Black Population* * *Asian Population* * *Hispanic or Latino Population* * *Pacific Islanders Population* * *Parents and Families* * *Single Parents* * *Women and Girls* * *Men and Boys* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100 ]* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* | |  | |
| O8 | | Select the types of ***individuals*** that you are focusing on and who you intend to affect (select all that apply). The selected categories should align with the narrative description provided above. | Multiple Answer | | If your population is not listed, select ‘Other’ and describe your population. Options include:   * *Students* * *Teachers/Professors* * *School Administrators* * *School Staff* * *Parents* * *Healthcare Professionals* * *Mental Health Providers* * *Employees of An Organization* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* | |  | |
| O9 | | Select the types of ***organizations*** that you are focusing on and who you intend to affect (Select all that apply). The selected categories should align with the narrative description provided above. | Multiple Answer | | Select the intended organizations. If your organization of interest is not listed, select ‘Other’ and describe the organizations. Options include:   * *Schools or Universities* * *Non-government Agencies* * *Non-Profits* * *Businesses* * *Homes* * *Employers* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* | |  | |
| O10 | | Select the types of ***communities*** you are focusing on and who you intend to affect (Select all that apply). The selected categories should align with the narrative description provided above. | Multiple Answer | | Select the intended communities. If your community of interest is not listed, select ‘Other’ and describe your community. Options include:   * *School District* * *County* * *City* * *Census Tract/Zip Code* * *Commercial District* * *Neighborhood* * *Territory Area* * *Park and Recreational Area* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* * *Other (not listed): [specify, Character Limit: 100]* | |  | |
| Reach Questions – See definition of Reach on page 5. | | | | | | |  | |
| O11 | | Individuals - Actual Reach:  Enter number of individuals **from your population of focus** reached through [name of program, policy, or practice] between August 1, 2020 – July 31, 2021. Include participants from educational sessions, training sessions, projects (ex: community gardens, art walks, etc.), presentations (static, primarily one-way communication including webinars), community meetings, asynchronous programming, and social media followers. *Organizations should only enter data here for individuals within their selected community (as identified in your Programming Summary). If you reached individuals outside your selected community, please enter those individuals in question O11.* | Numerical Entry | | [name of program, policy, or practice] is displayed based on your response to P2. Enter the number of individuals from the population of focus affected by or exposed to this program, policy, or practice. | |  | |
| O12 | | Individuals - Actual Reach from Outside Your Selected Community (as identified in your Programming Summary):  Enter number of individuals from outside your community reached through [name of program, policy, or practice] between August 1, 2020 – July 31, 2021: | Numerical | | Due to COVID-19 we recognize that some organizations may now be reaching individuals from outside their selected community. Please record the number of those individuals here, if applicable. | |  | |
| O13 | | Schools – Actual Reach: Enter number of schools reached through [name of program, policy, or practice] between August 1, 2020 – July 31, 2021: | Numerical Entry | | [name of program, policy, or practice] is displayed based on your response to P2. Enter the number of schools from the population of focus affected by or exposed to this program, policy, or practice.  Your actual reach can never be more than your potential reach. | |  | |
| O14 | | Organizations - Actual Reach:  Enter number of organizations reached through [name of program, policy, or practice] between August 1, 2020 – July 31, 2021. | Numerical Entry | | [name of program, policy, or practice] is displayed based on your response to P2. Enter the number of organizations from the population of focus affected by or exposed to this program, policy, or practice.  Your actual reach can never be more than your potential reach. | |  | |
| O15 | Communities- Actual Reach:  Enter number of communities reached through [name of program, policy, or practice] between August 1, 2020 – July 31, 2021. | | | Numerical Entry | | [name of program, policy, or practice] is displayed based on your response to P2. Enter the number of communities from the population of focus affected by or exposed to this program, policy, or practice.  Your actual reach can never be more than your potential reach. | |  |

## Adaptations - Other programs

**Question frequency:** Annually (in Quarter 2)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question Number | Question/Description | Data Field | Instructions/Answer Options | Grantee Response |
| O16 | Have you made any adaptations to [name of program, policy, or practice? | Multiple Choice | Response options include:   * *Yes* * *No* |  |
| O17 | Select the type(s) of adaptation(s) made to [name of program, policy or practice]. *Select all that apply.*  *For each adaptation selected a unique set of questions will populate. You will be required to complete that set of questions for each adaptation selected.* | Multiple Answer | This question appears if “Yes” is selected above. Response options include:   * *Added content* * *Deleted content* * *Change sequence of sessions* * *Modified delivery or method* * *Added policy component* * *Deleted policy component* * *Modified an environmental design element* * *Changed the type of recommended implementer* * *Other (not listed): specify below* |  |
| **Copy and paste O17a-O17g for each adaptation selected in O17 (the online reporting system will automatically populate these questions for you)** | | | | |
| O17a | Describe in adequate detail what change was made to the design and implementation of the effort. What essential what, how, and who is changed? How is it changed?  For example, to implement a program in a different type of setting, what change did you make to the content, or to how it is delivered, or who implements it from how it was intended or designed? How does the change maintain the underlying logic of why the element is essential to the prevention strategy? | Text Entry | This question appears if “Yes” is selected above. |  |
| O17b | Which element of the prevention strategy did your program change or adapt? | Multiple Choice | This question appears if “Yes” is selected above. Response options include:   * *Content* * *Design element* * *Policy component* * *Delivery or method* * *Implementer* |  |
| O17c | Select the reason for the [type of adaptation selected above] adaptation. *Choose the answer that best describes your primary reason.* | Multiple Choice | This question appears if “Yes” is selected above. Response options include:   * *To increase relevance of materials for participants* * *To increase participant participation* * *To crate or maintain relationships with participants* * *To respond to limited time and resources* * *To respond to a resource, space, or time limitation* * *To increase relevancy to or fit with context* * *To align with the implementer’s facilitation style* * *Other (not listed): specify below* |  |
| O17d | Describe the reasons for the [type of adaptation selected above] adaptation. *Concisely describe what led to this adaptation and how the adaptation was decided. In the previous question, you chose the answer that best describes your primary reason. You can also elaborate on other reasons here.* | Text Entry | This question appears if “Yes” is selected above. |  |
| O17e | Was this adaptation made before or during delivery? | Multiple Choice | This question appears if “Yes” is selected above. Response options include:   * *Made before delivery was started* * *Made during implementation* |  |
| O17f | Select the response option that best aligns with your organization’s plan for this adaptation in future implementation cycles. | Multiple Choice | This question appears if “Yes” is selected above. Response options include:   * *Keep* * *Change* * *Omit* * *Adapt across sites* * *No plans* |  |
| O17g | Is there anything else you want to tell us about this adaptation? | Text Entry | Optional opportunity to provide information about the adaptation. Character Limit: 1000 |  |
| O18 | Describe how you plan to track and monitor these adaptations. *If you selected multiple adaptations make sure to describe how you are tracking and monitoring each of them.* |  | This question appears if “Yes” was selected in question O16. |  |

## Implementation Measures for this Program, Policy, or Practice - Other programs

**Question frequency:** Annually (in Quarter 2)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question Number | Question/Description | Data Field | Instructions/Answer Options | Grantee Response |
| O19 | Provide a brief description about the implementers of [name of program, policy, or practice]. | Text Entry | [name of program, policy, or practice] is displayed based on your response to P2. Implementers may include but not be limited to SAP staff, community partners, volunteers, community-based organizations, etc. |  |
| 020 | How many implementers have been trained to deliver or implement [name of program, policy, or practice] during this reporting period (August 1, 2020 and July 31, 2021)? *Note*: Do not include implementers who have been trained on this program during previous years. | Text Entry | [name of program, policy, or practice] is displayed based on your response to P2. Enter number only. |  |
| O21 | Report on the activities that demonstrate progress on [name of program, policy, or practice] (e.g. dose delivery).  Select the types of activities implemented this year. Select all that apply. *Ensure that all of your community-level activities associated with this program are represented in your selection(s).*  *For each activity selected a unique set of questions will populate. You will be required to complete that set of questions for each activity selected.* | Multiple Answer | [name of program, policy, or practice] is displayed based on your response to P2. Response options:   * *Educational sessions* * *Training sessions* * *Projects (ex: community gardens, art walks)* * *Ads* * *Web/Social Media Postings* * *Text messages or emails* * *Presentations (static, primarily one-way communication – including webinars)* * *Print materials* * *Meetings* * *Other - asynchronous programming* * *Other 1 (not listed- any other community-level work associated with this program not captured in other categories ): [specify Character Limit: 100]* * *Other 2 (not listed- any other community-level work associated with this program not captured in other categories ): [specify Character Limit: 100]* * *Other 3 (not listed- any other community-level work associated with this program not captured in other categories ): [specify Character Limit: 100]* |  |
| **Copy and paste O21a-O21d for each activity selected in O21 (the online reporting system will automatically populate these questions for you)** | | | | |
| O21a | Describe the [name of activity selected above]. | Text Entry | [name of activity selected above] will automatically be filled in based on your response(s) to question O21. You will be asked to answer this question for each of the activities selected. |  |
| O21b | Explain the purpose of the [name of activity selected above]. | Text Entry | [name of activity selected above] will automatically be filled in based on your response(s) to question O21. You will be asked to answer this question for each of the activities selected. |  |
| O21c | How many activities were completed this year related to [name of activity selected above]? | Numerical Entry | [name of activity selected above] will automatically be filled in based on your response(s) to question O21. You will be asked to answer this question for each of the activities selected. |  |
| O21d | Provide implementation progress comments related to [name of activity selected above] that have not been already captured. | Text Entry | [name of activity selected above] will automatically be filled in based on your response(s) to question O21. Provide anything else not already captured about the progress on implementing the selected activity. |  |

## Program, Policy, or Practice Resources - Other programs

**Question frequency:** Annually (in Quarter 2)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question Number | Question/Description | Data Field | Instructions/Answer Options | Grantee Response |
| O22 | How much of [name of program, policy, or practice] was funded by RPE? Select only one. | Multiple Choice | [name of program, policy, or practice] is displayed based on your response to P2. Response options:   * *Fully Funded* * *Funded in part* |  |
| O22a | How much of [name of program, policy, or practice] was funded by RPE? |  | This question appears if “Funded in Part” is chosen in response to question O22. Response options:   * *51 – 99%* * *50%* * *1 – 49%* * *0%* |  |
| O22b | How many other sources or partners contributed to [name of program, policy, or practice]? *Do not count RPE funding as a source.* (Enter number) | Numerical Entry | [name of program, policy, or practice] is displayed based on your response to P2.  This question appears if any response option other than 100% was selected above. Enter the number of sources or partners that contribute to this program, policy, or practice. |  |
| O22c | Select the sectors that those sources/partners represent. Select all that apply. | Multiple Answer | This question appears if any response option other than 100% was selected above. Response options:   * *Business/Labor* * *Education* * *Justice* * *Health Services* * *Housing* * *Media* * *Public Health* * *Social Services* * *Other (not listed): [specify]* |  |
| O22d | Select the ways in which partners contributed. Select all that apply. | Multiple Answer | This question appears if any response option other than 100% was selected above. Response options:   * *Funding* * *Resources* * *Staffing* * *Other (not listed): [specify Character Limit: 100]* |  |
| O23 | Were there any changes to contributing partners during this reporting period? | Yes/No | Response options:   * Yes * No |  |
| O23a | If yes, please explain. | Text Entry | This question appears if “Yes” was selected above. *Character Limit: 1000* |  |

## **Coalition Building Form**

Coalition Building– this section is a set of questions that must be answered for each Coalition Building strategy you implemented (e.g. C*ollect and organize data; Conduct needs assessment; Train community members; Leverage resources other than funding (e.g., personnel, space, supplies); Plan or implement prevention interventions; Ensure that RPE-funded prevention interventions address issues related to cultural competence; Plan or implement process or outcome evaluations of prevention interventions; Educate others about needed changes in policy at the organizational, local, or state/tribal/jurisdiction level; Implement community/societal changes; Other (not listed): [specify].*

**Question frequency:** Annually (in Quarter 2)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question Number | Question/Description | Data Field | Instructions/Answer Options | Grantee Response |
| C1 | Did you use any SAPCS-Federal funding to conduct any coalition building activities other than those activities associated with your chosen program(s), that you have not already reported?  *Most community-level activities should be reported under P45 (for new programs) and O29 (for other programs).* | Multiple Choice | Response options:   * I have NOT reported all of the coalition building activities we’ve done * I HAVE reported all of our community-level activities in P45/O29 |  |
| C2 | What are the primary purposes or roles of the coalition building activities that took place between August 1, 2020 – July 31, 2021? Check all that apply.  For each primary purpose or role selected a set of unique questions will populate. You will be required to complete the set of questions for each specific purpose/role selected. Those questions will allow you to identify your coalition building strategies and report on associated activities. | Multiple Choice | Response options:   * *Collect and organize data* * *Conduct needs assessment* * *Train community members* * *Leverage funds from sources other than RPE* * *Leverage resources other than funding (e.g., personnel, space, supplies)* * *Plan or implement prevention interventions* * *Ensure that RPE-funded prevention interventions address issues related to cultural competence* * *Plan or implement process or outcome evaluations of prevention interventions* * *Educate others about needed changes in policy at the organizational, local, or state/tribal/jurisdiction level* * *Implement community/societal changes* * *Other (not listed): [specify]* |  |
| The following set of questions is about the coalition building effort that has the following primary purpose: **[name of primary purpose selected above]**. | | | | |
| **Copy and paste C3-C8 for each primary purpose selected in C2 (the online reporting system will automatically populate these questions for you)** | | | | |
| C3 | What is the name of the coalition building effort? | Text Entry | Provide a succinct yet informative name for this coalition building effort. Character Limit: 100 |  |
| C4 | Briefly describe the coalition building effort. Include information on what you hope to achieve through these efforts. | Text Entry | Character Limit: 100 |  |
| C5 | Concisely describe any secondary purposes of the coalition building effort.  You selected that the primary purpose/role of this activity was [name of primary purpose selected above]. | Text Entry | Character Limit: 100 |  |
| C6 | Provide a brief description about the implementers of this coalition building effort (i.e. Who is involved in ensuring the efforts are carried out?). | Text Entry | Character Limit: 100 |  |
| C7 | Report on the activities that demonstrate progress on this coalition building effort.  **Select the types of activities implemented this year.** Select all that apply.  *For each activity selected a set of unique questions will populate. You will be required to complete the set of questions for each activity selected.* | Multiple Answer | Response options:   * *Educational sessions* * *Training sessions* * *Projects* * *Ads* * *Web/Social Media Postings* * *Text messages or emails* * *Presentations* * *Print materials* * *Meetings* * *Other (not listed): [specify Character Limit: 100]* |  |
| **Copy and paste C7a-C7d for each activity selected in C7 (the online reporting system will automatically populate these questions for you)** | | | | |
| C7a | Describe the [name of activity selected above]. | Text Entry | “[name of activity]” will be automatically filled in based on your response above. Describe the activity displayed. |  |
| C7b | Explain the purpose of [name of activity selected above]. | Text Entry | “[name of activity]” will be automatically filled in based on your response above. Explain the purpose of the activity displayed. |  |
| C7c | Report on the number of activities completed related to [name of activity selected above]. | Numerical Entry | “[name of activity]” will be automatically filled in based on your response above. Enter in the number of completed activities for the activity displayed. |  |
| C7d | Provide implementation progress comments related to [name of activity selected above] that have not been already captured. | Text Entry | [name of activity selected above] will automatically be filled in based on your response(s) to question C6. Provide anything else not already captured about the progress on implementing the selected activity. |  |
| The following set of questions is still about the coalition building that has the following primary purpose: **[name of primary purpose selected above]**. | | | | |
| C8 | Were there any changes to the coalition building effort during this reporting period? | Yes/No | Response options:   * *Yes* * *No* |  |
| C8a | If yes, explain. | Text Entry | This question appears if “Yes” was answered above. Explain changes to the coalition building this reporting period. Character Limit: 1000 |  |

## Use of Data

This section relates to how your organization uses data/evaluation results for program improvement.

**Question frequency:** Annually (in Quarter 2)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question Number | Question/Description | Data Field | Instructions/Answer Options | Grantee Response |
| The following question pertains to your RPE program as a whole, not a specific program, policy or practice. | | | |  |
| D1 | How do you use information or data that you collect for program improvement? If relevant, mention how you disseminate or share the information on data you collect and with whom. | Text Entry | In a few sentences, describe how you use the information on data you collect. If relevant, mention how you disseminate or share the information on data you collect and with whom. |  |