

Attachment 3a. Annual Performance Report (APR) Tool

Form Approve

OMB No: xxxx-xxxx

Exp. Date: xx-xx-xxxx

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APR 1					Call Notes	Documents
Form Name		Submission Year	Submission Status	Form Set		
APR 1 Form Set			Date Extension	Status: In Progress		
>	Form 1 Cat A: Work Plan	APR 1	268 Days Left	APR 1 Form Set		
>	Form 1 Cat B: Work Plan	APR 1	268 Days Left	APR 1 Form Set		
>	Form 2: Continuation Application	APR 1	268 Days Left	APR 1 Form Set		
>	Form 3: Challenges, Supports, and Accomplishments	APR 1	268 Days Left	APR 1 Form Set		
>	Form 4-1: State Action Plan	APR 1	268 Days Left	APR 1 Form Set		
>	Form 4-2: Community Action Plan	APR 1	268 Days Left	APR 1 Form Set		
>	Form 5-1: State-Level Implementation	APR 1	268 Days Left	APR 1 Form Set	+ Add Form 5-1: State-Level Implementation	
>	Form 5-2: Community-Level Implementation	APR 1	268 Days Left	APR 1 Form Set	+ Add Form 5-2: Community-Level Implementation	
>	Form 6-1: State-Level Evaluation	APR 1	268 Days Left	APR 1 Form Set		
>	Form 6-2: Community-Level Evaluation	APR 1	268 Days Left	APR 1 Form Set		

DELTA AHEAD : Form 1A: Work Plan : Test Category A Work Plan Form : Sections

Description: Report progress on Work Plan

<div>Export in PDF</div>					<div>Search</div>				
Section Name	Checked Out By	Last Edit Date	Status	Actions					
Objective A1.1 Develop or enhance an existing State Leadership Team (SLT)			In Progress	Actions					
Objective A1.2: Develop, or enhance an existing, State Action Plan to address Social Determinants of Health and to implement, evaluate, and sustain primary prevention of IPV			Not Started	Actions					
Objective A1.3: Identify at least one Policy Effort that will be implemented at the state level (by the SDVC) and the community level (in collaborations with the CCR) and incorporate into the SAP			Not Started	Actions					
Objective A1.4: Participate in state and national activities to share knowledge, skills, and practice of IPV primary prevention			Not Started	Actions					
Objective A1.5 Participate in the national evaluation for DELTA AHEAD			Not Started	Actions					
Objective A2.1: Partner with a Coordinated Community Response (CCR) Team to finalize PPEs			Not Started	Actions					
Objective A2.2: Identify the SDoH that influence IPV risk and protective factors and specify how they will be addressed through PPEs			Not Started	Actions					
Objective A2.3 Develop a Community Action Plan (CAP) that includes a logic model, Implementation Plan, and Evaluation Plan			Not Started	Actions					
Objective A2.4: Implement and evaluate state- and community-level PPEs according to SAP and CAP			Not Started	Actions					
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Section Name	Checked Out By	Last Edit Date	Status	Actions
Objective B1.1: Develop a State Leadership Team (SLT)			Not Started	Actions
Objective B1.2: Conduct an Environmental Scan to assess the current state of IPV primary prevention in the state			Not Started	Actions
Objective B1.3: Develop a State Action Plan (SAP) to address Social Determinants of Health (SDoH) and to implement, evaluate, and sustain primary prevention of IPV			Not Started	Actions
Objective B1.4: Identify at least one Policy Effort that will be implemented at the state level (by the SDVC) and the community level (in collaboration with the CCR) and incorporate into SAP			Not Started	Actions
Objective B1.5: Participate in state and national activities to share knowledge, skills, and practice of Intimate Partner Violence (IPV) primary prevention			Not Started	Actions
Objective B2.1: Partner with a coordinated Community Response (CCR) team			Not Started	Actions
Objective B2.2: Work with CCR to develop a Community Action Plan (CAP) that includes a logic model, Implementation Plan, and Evaluation Plan			Not Started	Actions
Objective B3.1: Implement and evaluate selected PPEs in collaboration with community partners			Not Started	Actions
Objective B3.2 Participate in the national evaluation of DELTA AHEAD			Not Started	Actions

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Form 1A: Work Plan : Objective A1.1 Develop or enhance an existing State Leadership Team (SLT)

Funding Opportunity

DELTAHEAD

Organization Name

DELTAHEAD Test Organization
(CDC)

Submission Name

Test Category A Work Plan Form

Reporting Year

APR 1

Form Set Name

APR 1 Form Set

Instructions

Provide the status of Objectives, Milestones, and Activities for the Reporting Period of mm/dd/yyyy to mm/dd/yyyy.

Goal A1 Objective 1

Objective A1.1 Status ⓘ *

Select One

Objective A1.1 Milestones

+ Add

^ Collapse

Search

A1.1 Description

A1.1 Key Activities

A1.1 Milestone Status

A1.1 Program Year Milestone Completed

Actions

DELTA AHEAD : Form 2: Continuation Application : Test Continuation Application : Sections

[Export in PDF](#)

Section Name	Checked Out By	Last Edit Date	Status	Actions
Section 1: Summary of Work Plan Activities for Next Budget Year			In Progress	Actions
Section 2: Implementation of Prevention Strategies			Not Started	Actions
Section 3: Budgetary Implications			Not Started	Actions
Section 4: Needed Resources			Not Started	Actions
Section 5: Technical Assistance Needs			In Progress	Actions
Section 6: Challenges			Not Started	Actions

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Form 2: Continuation Application

Section 1: Summary of Work Plan Activities for Next Budget Year

Funding Opportunity

DELTA AHEAD

Organization Name

DELTA AHEAD Test Organization
(CDC)

Submission Name

Test Continuation Application

Reporting Year

APR 1

Form Set Name

APR 1 Form Set

Summary of Work Plan Activities for Next Budget Year

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

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

0/6000

[⌂ Back to Sections](#)

[💾 Save Progress](#)

[✅ Save, Validate, and Check in](#)

Form 2: Continuation Application : Section 2: Implementation of Prevention Strategies

Funding Opportunity

DELTA AHEAD

Organization Name

DELTA AHEAD Test Organization
(CDC)

Submission Name

Test Continuation Application

Reporting Year

APR 1

Form Set Name

APR 1 Form Set

Implementation of Prevention Strategies

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

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

0/6000

Form 2: Continuation Application : Section 3: Budgetary Implications

Funding Opportunity

DELTA AHEAD

Organization Name

DELTA AHEAD Test Organization
(CDC)

Submission Name

Test Continuation Application

Reporting Year

APR 1

Form Set Name

APR 1 Form Set

Budgetary Implications

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

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

0/6000

Form 2: Continuation Application : Section 4: Needed Resources

Funding Opportunity

DELTA AHEAD

Organization Name

DELTA AHEAD Test Organization
(CDC)

Submission Name

Test Continuation Application

Reporting Year

APR 1

Form Set Name

APR 1 Form Set

Needed Resources

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

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

0/6000

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

Funding Opportunity

DELTA AHEAD

Organization Name

DELTA AHEAD Test Organization
(CDC)

Submission Name

Test Continuation Application

Reporting Year

APR 1

Form Set Name

APR 1 Form Set

Instructions

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

Training and Technical Assistance

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

Select One

Training and Technical Assistance Table

<div><div>+ Add</div><div>^ Collapse</div></div>		<div>Search</div>	
Topic	Description of TTA Request	Timeframe	Actions

Form 2: Continuation Application : Section 6: Challenges

Funding Opportunity

DELTA AHEAD

Organization Name

DELTA AHEAD Test Organization
(CDC)

Submission Name

Test Continuation Application

Reporting Year

APR 1

Form Set Name

APR 1 Form Set

Challenges

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

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

0/6000

DELTA AHEAD : Form 3: Challenges, Supports, and Accomplishments : Test CSA : Sections

[Export in PDF](#)

Section Name	Checked Out By	Last Edit Date	Status	Actions
Section 1: Barriers Encountered			Not Started	Actions
Section 2: Facilitators Encountered			Not Started	Actions
Section 3: Successes			Not Started	Actions
Section 4: Technical Assistance			Not Started	Actions
Section 5: Capacity Building			Not Started	Actions

Showing 1 to 5 of 5 entries

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Barrier Status

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

Yes, we experienced challenges or barriers (Record barriers in table below) ▼

Challenges and Barriers Table

<div><div>+ Add</div><div>^ Collapse</div></div>		<div>Search</div>				
Barrier Type	Describe the barrier and how it impacts your program's work	Program Component	What actions were taken or would be helpful to address the barrier?	What resources were used or would be helpful to address the barrier?	Barrier Comments	Actions

Challenges and Barriers Table



Barrier Type *

Select One



Describe the barrier and how it impacts your program's work *

Describe the barrier and how it impacts your program's work

0/2000



Program Component *

Select all that apply



What actions were taken or would be helpful to address the barrier? *

What actions were taken or would be helpful to address the barrier?

0/2000



What resources were used or would be helpful to address the barrier? *

What resources were used or would be helpful to address the barrier?

0/2000



Barrier Comments

Barrier Comments

0/500



Close

Save

Save Progress

Facilitator Status

Did you experience facilitators during this reporting period? *

Yes, we experienced facilitators (Record facilitators in table below)

Facilitators Table

+ Add

^ Collapse

Search

Facilitator Type	Describe the facilitator and how it impacts your program's work	Program Component	What resources were used?	Facilitator Comments	Actions
------------------	---	-------------------	---------------------------	----------------------	---------

Facilitators Table



Facilitator Type *

Select One

Describe the facilitator and
how it impacts your
program's work *

Describe the facilitator and how it impacts your program's work

0/2000

Program Component *

Select all that apply



What resources were used? *

What resources were used?

0/2000

Facilitator Comments *

Facilitator Comments

0/500

Close

Save

Successes Table



Program Component *

Select all that apply

**What key accomplishments
related to this NOFO has
your
organization/state/territory/federal
district achieved during this
reporting period? ***

What key accomplishments related to this NOFO has your
organization/state/territory/federal district achieved during this reporting period?

0/6000

Close

Save

+ Add

^ Collaps

Program
Component

Actions

Technical Assistance Resources

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

- ☐ Frequently ☐ Sometimes ☐ Rarely ☐ Never

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

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

0/1000

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

- ☐ Frequently ☐ Sometimes ☐ Rarely ☐ Never

Capacity Building

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

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

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

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

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

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

0/2000

Capacity Building and Training Table [OPTIONAL]

+ Add

^ Collapse

Search

Type of Activity	Topic	Audience	Dates	Actions
------------------	-------	----------	-------	---------

Networking and Dissemination Table [OPTIONAL]

+ Add

^ Collapse

Search

Type of Activity	Topic	SDVC Role in Activity	Dates	Actions
------------------	-------	-----------------------	-------	---------

Save Progress

Capacity Building and Training Table [OPTIONAL]



Type of Activity *

Type of Activity

0/200

Topic *

Topic

0/200

Audience *

Audience

0/200

Dates *

Dates

0/200

Close

Save

Networking and Dissemination Table [OPTIONAL]



Type of Activity *

Type of Activity

0/200

Topic *

Topic

0/200

SDVC Role in Activity *

SDVC Role in Activity

0/200

Dates *

Dates

0/200

Close

Save

Changes to the State Action/Strategic Plan

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

Select One

Changes to the State Action/Strategic Plan Table

+ Add

^ Collapse

Search

Type of Change	Description of change	Describe the reason for the change and how it impacts your overall work.	Actions
----------------	-----------------------	--	---------

Changes to the State Action/Strategic Plan Table

Type of Change *

Select One



Description of change *

Description of change

0/1000

Describe the reason for the change and how it impacts your overall work. *

Describe the reason for the change and how it impacts your overall work.

0/1000

Close

Save

Type of Change

Description of change

Describe the reason for the change and how it impacts your overall work.

Actions

Policies

Provide an update on state-level activities to support an increase in policies that promote health equity through the improvement of social determinants of health related to IPV. *

Provide an update on state-level activities to support an increase in policies that promote health equity through the improvement of social determinants of health related to IPV.

0/2000

^ Collapse

🗑 Delete

Progress on Priorities Section

Priority Area Name *

Priority Area Name

0/150

Description of Priority Area *

Description of Priority Area

0/1750

Key Partners *

Key Partners

0/350

Key Accomplishments this Reporting Period *

Key Accomplishments this Reporting Period

0/1050

Resources Needed *

Resources Needed

0/700

Key Activities Planned for Upcoming Year *

Key Activities Planned for Upcoming Year

0/2000

💾 Save Progress

Instructions

This section collects information about all partner organizations the DELTA AHEAD program engaged with.

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

Partnerships Table

+ Add

^ Collapse

Search

Name of Partner Organization	Primary Sector	Role of Partner	Describe how your DELTA AHEAD program engaged this partner in your violence prevention work during the reporting period.	Partner status during this reporting period.	State or Community-level Partner	Actions
------------------------------	----------------	-----------------	--	--	----------------------------------	---------

Partnerships Checkbox

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

Partnerships Table



Name of Partner Organization *

Provide the name of the partner organization. If the organization is an implementing organization, make sure the name matches with the name provided in the Prevention Strategy Form.

0/250

Primary Sector *

Select all that apply

Role of Partner *

Select all that apply

Describe how your DELTA AHEAD program engaged this partner in your violence prevention work during the reporting period. *

Describe how your DELTA AHEAD program engaged this partner in your violence prevention work during the reporting period.

0/1000

Partner status during this reporting period. *

Select One

State or Community-level Partner *

Select One

Close

Save

State Action/Strategic Plan Activities Table

+ Add

^ Collapse

Search

Type of Activity	Description of activity and how it was leveraged for violence prevention	Activity Status	Project Year Completed	Actions
------------------	--	-----------------	------------------------	---------

Social Determinants of Health

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

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

0/2800

State Action/Strategic Plan Activities Table



Type of Activity *

Select One



Description of activity and
how it was leveraged for
violence prevention *

Description of activity and how it was leveraged for violence prevention

0/1000

Activity Status *

Select One



Project Year Completed *

Select One



Close

Save

Form 4-2 Community Action Plan

DELTA AHEAD : Form 4-2: Community Action Plan : CAP Test : Sections

Export in PDF

Search

Section Name	Checked Out By	Last Edit Date	Status	Actions
Section 1: Changes made to the Community Action Plan			Not Started	Actions
Section 2: CAP Progress and Planning			Not Started	Actions
Section 3: Partnerships - RECORD IN FORM 4-1			Not Started	Actions
Section 4: CAP Activities			Not Started	Actions

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Section 1

Form 4-2: Community Action Plan : Section 1: Changes made to the Community Action Plan

Funding Opportunity
DELTA AHEAD

Organization Name
DELTA AHEAD Test Organization
(CDC)

Submission Name
CAP Test

Reporting Year
APR 1

Form Set Name
APR 1 Form Set

Changes to the Community Action Plan

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

Select One

Changes to the Community Action Plan Table

+ Add

^ Collapse

Search

Community Action Plan Change

Description of Change

Describe the reason for the change and how it will impact your overall work.

Actions

⌂ Back to Sections

💾 Save Progress

✅ Save, Validate, and Check in

Section 2

Form 4-2: Community Action Plan : Section 2: CAP Progress and Planning

Funding Opportunity
DELTA AHEAD

Organization Name
DELTA AHEAD Test Organization
(CDC)

Submission Name
CAP Test

Reporting Year
APR 1

Form Set Name
APR 1 Form Set

CAP Policies

Provide an update on community-level activities to support an increase in policies that promote health equity through the improvement of social determinants of health related to IPV.

Provide an update on community-level activities to support an increase in policies that promote health equity through the improvement of social determinants of health related to IPV.

0/2000

Please describe the goals/priorities outlined in your community action plan. You can list up to 10 priorities. Add additional sections as needed.

^ Collapse

🗑 Delete

CAP Progress and Planning

Priority Area Name

Priority Area Name

0/150

Description of Priority Area

Description of Priority Area

0/1750

Key Partners

Key Partners

0/350

Key Accomplishments this Reporting Period

Key Accomplishments this Reporting Period

0/1050

Resources Needed

Resources Needed

0/700

Key Activities Table

+ Add

^ Collapse

Search

Key Activities Planned for Upcoming Year	Actions
--	---------

+ Add Section 2: CAP Progress and Planning Updates

Form 4-2: Community Action Plan : Section 4: CAP Activities

Funding Opportunity
DELTA AHEAD

Organization Name
DELTA AHEAD Test Organization
(CDC)

Submission Name
CAP Test

Reporting Year
APR 1

Form Set Name
APR 1 Form Set

Community Action Plan Activities Table

^ Collapse

Search

Type of Activity	Description of activity and how it was leveraged for violence prevention	Activity Status	Project Year Completed	Actions
------------------	--	-----------------	------------------------	---------

Community Action Plan Activities Checkbox

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

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

Form 5-1 State-Level Implementation

DELTA AHEAD : Form 5-1: State-Level Implementation : State-level Implementation Test : Sections

Export in PDF

Search

Section Name	Checked Out By	Last Edit Date	Status	Actions
Section 1: Description of Implementation Effort			Not Started	Actions
Section 2: Changes to Implementation Plan			Not Started	Actions
Section 3: Implementation Progress and Activities			Not Started	Actions
Section 4: Adaptations			Not Started	Actions
Section 5: Population of Focus and Reach			Not Started	Actions

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Section 1

Form 5-1: State-Level Implementation : Section 1: Description of Implementation Effort

Funding Opportunity
DELTA AHEAD

Organization Name
DELTA AHEAD Test Organization
(CDC)

Submission Name
State-level Implementation Test

Reporting Year
APR 1

Form Set Name
APR 1 Form Set

Program, Policy, or Practice

Are you implementing a program, policy, or practice? ⓘ

Select One

Program, Policy, or Practice Name

Select One

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

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

0/500

Please select the Approach for this implementation effort. ⓘ

Select all that apply

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

Select all that apply

⌂ Back to Sections

💾 Save Progress

✅ Save, Validate, and Check in

Section 2

Form 5-1: State-Level Implementation : Section 2: Changes to Implementation Plan

Funding Opportunity
DELTA AHEAD

Organization Name
DELTA AHEAD Test Organization
(CDC)

Submission Name
State-level Implementation Test

Reporting Year
APR 1

Form Set Name
APR 1 Form Set

Implementation Plan Status

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

Select One

Implementation Plan Changes Table

+ Add

^ Collapse

Search

Type of Change

Describe the change

Actions

⌂ Back to Sections

💾 Save Progress

✅ Save, Validate, and Check in

Modal for Implementation Plan Changes Table

Implementation Plan Changes Table

Type of Change

Select One

Describe the change

Provide a concise description of the change and the reason for the change.

0/1000

Close

Save

Section 3

Form 5-1: State-Level Implementation : Section 3: Implementation Progress and Activities

Funding Opportunity
DELTA AHEAD

Organization Name
DELTA AHEAD Test Organization
(CDC)

Submission Name
State-level Implementation Test

Reporting Year
APR 1

Form Set Name
APR 1 Form Set

Implementation Progress Table

+ Add

^ Collapse

Search

Activity Type	Description of activity	Activity Status	Project Year Completed	Actions
---------------	-------------------------	-----------------	------------------------	---------

Implementation Progress Checkbox

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



Back to Sections

Save Progress

☒ Save, Validate, and Check in

Modal for Implementation Progress Table

Implementation Progress Table

Activity Type

Select One

Description of activity

Provide a description of the activity and include with sufficient detail what the activity entailed, who was involved and if any resources are needed.

0/2000

Activity Status

Select One

Project Year Completed

Select One

Close

Save

Section 4

Form 5-1: State-Level Implementation : Section 4: Adaptations

Funding Opportunity
DELTA AHEAD

Organization Name
DELTA AHEAD Test Organization
(CDC)

Submission Name
State-level Implementation Test

Reporting Year
APR 1

Form Set Name
APR 1 Form Set

Adaptation Table

+ Add

^ Collapse

Search

Type of Adaptation	Adaptation Description	Reason for Adaptation	How was this adaptation evaluated and what was the impact of the evaluation?	Actions
--------------------	------------------------	-----------------------	--	---------

Adaptation Checkbox

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

Modal for Adaptation Table

Adaptation Table

Type of Adaptation

Select One

Adaptation Description

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?

0/1000

Reason for Adaptation

Select One

How was this adaptation evaluated and what was the impact of the evaluation?

Describe the impact this adaptation has had on the prevention effort including the impact on the implementers of the effort and the population targeted by the effort.

0/2000

Close

Save

Section 5

Form 5-1: State-Level Implementation : Section 5: Population of Focus and Reach

Funding Opportunity
DELTA AHEAD

Organization Name
DELTA AHEAD Test Organization
(CDC)

Submission Name
State-level Implementation Test

Reporting Year
APR 1

Form Set Name
APR 1 Form Set

Population of Focus

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

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

0/2000

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

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

0/2000

Population Groups

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

Select One

Racial/ethnic groups

☐ Black/African American

☐ Pacific Islander

☐ White

☐ Asian

☐ American Indian/Alaskan native Peoples

☐ Mixed race persons

☐ Arabic/North African

☐ Hispanic/Latinx

☐ Other (not listed)

Non-citizen groups

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

Groups with disabilities/health risks

- | | | |
|--|---|---|
| <input type="checkbox"/> Intellectual/developmental disabilities | <input type="checkbox"/> Mobility/ambulatory disabilities | <input type="checkbox"/> People with disabilities (general) |
| <input type="checkbox"/> Substance use | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Other (not listed) |
-

Age groups

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

Gender groups

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

Sexual orientation groups

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

Economically disadvantaged groups

- | | | |
|--|---|---|
| <input type="checkbox"/> Experiencing homelessness | <input type="checkbox"/> Experiencing poverty | <input type="checkbox"/> Receiving government aid |
| <input type="checkbox"/> Other (not listed) | | |
-

Geographical groups

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

Other groups

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

Individual Reach Table

+ Add

^ Collapse

Search

Description of Population	Reach Type	Number of Individuals reached during this reporting period	Year 5 Target for Individuals	Actions
---------------------------	------------	--	-------------------------------	---------

Setting Reach Table

+ Add

^ Collapse

Search

Type of Setting	Description of Setting	Number of Settings reached this reporting period	Year 5 Target for Settings	Actions
-----------------	------------------------	--	----------------------------	---------

Modal for Individual Reach Table

Individual Reach Table

Description of Population

Description of Population

0/1000

Reach Type ⓘ

Select One

▼

Number of Individuals reached during this reporting period ⓘ

No data to report?

▼

Enter a Number

Year 5 Target for Individuals

Enter a Number

Close

Save

Modal for Setting Reach Table

Setting Reach Table

Type of Setting ⓘ

Select One

Description of Setting

Description of Setting

0/1000

Number of Settings reached this reporting period ⓘ

No data to report?

Year 5 Target for Settings

Enter a Number

Close

Save

Form 5-2 Community-Level Implementation

DELTA AHEAD : Form 5-2: Community-Level Implementation : Community-Level Implementation Form Test : Sections

Export in PDF

Search

Section Name	Checked Out By	Last Edit Date	Status	Actions
Section 1: Description of Implementation Effort			Not Started	Actions
Section 2: Changes to Implementation Plan			Not Started	Actions
Section 3: Implementation Progress and Activities			Not Started	Actions
Section 4: Adaptations			Not Started	Actions
Section 5: Population of Focus and Reach			Not Started	Actions

Showing 1 to 5 of 5 entries

Previous1Next

Back to Forms

Section 1

Form 5-2: Community-Level Implementation : Section 1: Description of Implementation Effort

Funding Opportunity
DELTA AHEAD

Organization Name
DELTA AHEAD Test Organization
(CDC)

Submission Name
Community-Level Implementation
Form Test

Reporting Year
APR 1

Form Set Name
APR 1 Form Set

Program, Policy, or Practice

Are you implementing a program, policy, or practice? ⓘ

Select One

Program, Policy, or Practice Name

Select One

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

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

0/500

Please select the Approach for this implementation effort. ⓘ

Select all that apply

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

Select all that apply

⊖ Back to Sections

💾 Save Progress

✅ Save, Validate, and Check in

Section 2

Form 5-2: Community-Level Implementation : Section 2: Changes to Implementation Plan

Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
DELTA.AHEAD	DELTA.AHEAD Test Organization (CDC)	Community-Level Implementation Form Test	APR 1	APR 1 Form Set

Implementation Plan Status

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



Select One

Implementation Plan Changes Table

<div><div>+ Add</div><div>^ Collapse</div></div> <div>Search</div>		
Type of Change	Describe the change	Actions

Section 3

Form 5-2: Community-Level Implementation : Section 3: Implementation Progress and Activities

Funding Opportunity
DELTA AHEAD

Organization Name
DELTA AHEAD Test Organization
(CDC)

Submission Name
Community-Level Implementation
Form Test

Reporting Year
APR 1

Form Set Name
APR 1 Form Set

Implementation Progress Table

+ Add

^ Collapse

Search

Activity Type	Description of activity	Activity Status	Project Year Completed	Actions
---------------	-------------------------	-----------------	------------------------	---------

Implementation Progress Checkbox

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



⌂ Back to Sections

💾 Save Progress

✅ Save, Validate, and Check in

Section 4

Form 5-2: Community-Level Implementation : Section 4: Adaptations

Funding Opportunity
DELTA AHEAD

Organization Name
DELTA AHEAD Test Organization
(CDC)

Submission Name
Community-Level Implementation
Form Test


Reporting Year
APR 1


Form Set Name
APR 1 Form Set


Adaptation Table


<div><div>+ Add</div><div>^ Collapse</div></div> <div>Search</div>				
Type of Adaptation	Adaptation Description	Reason for Adaptation	How was this adaptation evaluated and what was the impact of the evaluation?	Actions

Adaptation Checkbox

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

 Back to Sections

 Save Progress

 Save, Validate, and Check in

Section 5

Form 5-2: Community-Level Implementation : Section 5: Population of Focus and Reach

Funding Opportunity
DELTAHEAD

Organization Name
DELTAHEAD Test Organization
(CDC)

Submission Name
Community-Level Implementation
Form Test

Reporting Year
APR 1

Form Set Name
APR 1 Form Set

Population of Focus

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



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

0/2000

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



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

0/2000

Population Groups

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



Select One



Racial/ethnic groups

- ☐ Black/African American
- ☐ Pacific Islander
- ☐ White

- ☐ Asian
- ☐ American Indian/Alaskan native Peoples
- ☐ Mixed race persons

- ☐ Arabic/North African
- ☐ Hispanic/Latinx
- ☐ Other (not listed)

Groups with disabilities/health risks

- ☐ Intellectual/developmental disabilities
- ☐ Substance use

- ☐ Mobility/ambulatory disabilities
- ☐ Mental illness

- ☐ People with disabilities (general)
- ☐ Other (not listed)

Non-citizen groups

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

Gender groups

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

Age groups

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

Sexual orientation groups

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

Economically disadvantaged groups

- | | | |
|--|---|---|
| <input type="checkbox"/> Experiencing homelessness | <input type="checkbox"/> Experiencing poverty | <input type="checkbox"/> Receiving government aid |
| <input type="checkbox"/> Other (not listed) | | |
-

Geographical groups

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Tribal | <input type="checkbox"/> Rural | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Low-income neighborhoods | <input type="checkbox"/> Suburban | <input type="checkbox"/> Other (not listed) |
-

Other groups

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

Individual Reach Table

<div><div>+ Add</div><div>^ Collapse</div></div>		<div>Search</div>		
Description of Population	Reach Type	Number of Individuals reached during this reporting period	Year 5 Target for Individuals	Actions

Setting Reach Table

<div><div>+ Add</div><div>^ Collapse</div></div>		<div>Search</div>		
Type of Setting	Description of Setting	Number of Settings reached this reporting period	Year 5 Target for Settings	Actions

Form 6-1 State-Level Evaluation

DELTA AHEAD : Form 6-1: State-Level Evaluation : State-level Evaluation Form Test : Sections

Export in PDF

Search

Section Name	Checked Out By	Last Edit Date	Status	Actions
Section 1: Changes to the Evaluation Plan			Not Started	Actions
Section 2: Progress on Addressing Evaluation Questions			Not Started	Actions
Section 3: Outcomes and Indicators			Not Started	Actions

Showing 1 to 3 of 3 entries

Previous1Next

Back to Forms

Section 1

Form 6-1: State-Level Evaluation

: Section 1: Changes to the Evaluation Plan

Funding Opportunity

DELTAHEAD

Organization Name

DELTAHEAD Test Organization (CDC)

Submission Name

State-level Evaluation Form Test

Reporting Year

APR 1

Form Set Name

APR 1 Form Set

Changes to the Evaluation Plan

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

Select One

Changes to the Evaluation Plan Table

+ Add

^ Collapse

Search

Evaluation Plan Change	Description of change	Describe the reason for the change and how it will impact your overall work	Actions
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Section 2

Form 6-1: State-Level Evaluation : Section 2: Progress on Addressing Evaluation Questions

Funding Opportunity DELTA-AHEAD	Organization Name DELTA-AHEAD Test Organization (CDC)	Submission Name State-level Evaluation Form Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Evaluation Questions Table

<div><div>+ Add</div><div>^ Collapse</div></div>		<div>Search</div>	
Question Number	Evaluation Question	Summary of Findings (include any qualitative results)	Actions

Planned Evaluation Activities

Planned Evaluation Activities in the Next Reporting Period

Planned Evaluation Activities in the Next Reporting Period

0/2250

Section 3

Form 6-1: State-Level Evaluation : Section 3: Outcomes and Indicators

Funding Opportunity
DELTA AHEAD

Organization Name
DELTA AHEAD Test Organization
(CDC)

Submission Name
State-level Evaluation Form Test

Reporting Year
APR 1

Form Set Name
APR 1 Form Set

Outcome and Indicator Table

+ Add

^ Collapse

Search

Associated Efforts	Description of Outcome	Evaluation Question(s) Addressed	Outcome Type	SEM Level of Outcome	Indicator Description	Data Source Type	Data Source Name and Description	Indicator Population	Baseline Value	Current Value	Year 5 Target	Actions
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
Outcome and Indicator Checkbox

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



Form 6-2 Community-Level Evaluation

DELTA AHEAD : Form 6-2: Community-Level Evaluation : Community-Level Evaluation Form Test : Sections

 Export in PDF

Search

Section Name	Checked Out By	Last Edit Date	Status	Actions
Section 1: Changes to the Evaluation Plan			Not Started	Actions
Section 2: Progress on Addressing Evaluation Questions			Not Started	Actions
Section 3: Outcomes and Indicators			Not Started	Actions

Showing 1 to 3 of 3 entries

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Back to Forms

Section 1

Form 6-2: Community-Level Evaluation : Section 1: Changes to the Evaluation Plan

Funding Opportunity DELTA AHEAD	Organization Name DELTA AHEAD Test Organization (CDC)	Submission Name Community-Level Evaluation Form Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Changes to the Evaluation Plan

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



Select One



Changes to the Evaluation Plan Table

+ Add

^ Collapse

Search

Evaluation Plan Change	Description of change	Describe the reason for the change and how it will impact your overall work	Actions
------------------------	-----------------------	---	---------

⌂ Back to Sections

💾 Save Progress

✅ Save, Validate, and Check in

Section 2

Form 6-2: Community-Level Evaluation : Section 2: Progress on Addressing Evaluation Questions

Funding Opportunity	Organization Name	Submission Name	Reporting Year	Form Set Name
DELTA AHEAD	DELTA AHEAD Test Organization (CDC)	Community-Level Evaluation Form Test	APR 1	APR 1 Form Set

Evaluation Questions Table

+ Add

^ Collapse

Search

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

Planned Evaluation Activities

Planned Evaluation Activities in the Next Reporting Period

Planned Evaluation Activities in the Next Reporting Period

0/2250

Section 3

Form 6-2: Community-Level Evaluation : Section 3: Outcomes and Indicators

Funding Opportunity DELTA AHEAD	Organization Name DELTA AHEAD Test Organization (CDC)	Submission Name Community-Level Evaluation Form Test	Reporting Year APR 1	Form Set Name APR 1 Form Set
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Outcome and Indicator Table

+ Add

^ Collapse

Search

Associated Efforts	Description of Outcome	Evaluation Question(s) Addressed	Outcome Type	SEM Level of Outcome	Indicator Description	Data Source Type	Data Source Name and Description	Indicator Population	Baseline Value	Current Value	Year 5 Target	Actions
--------------------	------------------------	----------------------------------	--------------	----------------------	-----------------------	------------------	----------------------------------	----------------------	----------------	---------------	---------------	---------

Outcome and Indicator Checkbox

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

⌂ Back to Sections

💾 Save Progress

✔ Save, Validate, and Check in