### Attachment 3a. Annual Performance Report (APR) Tool

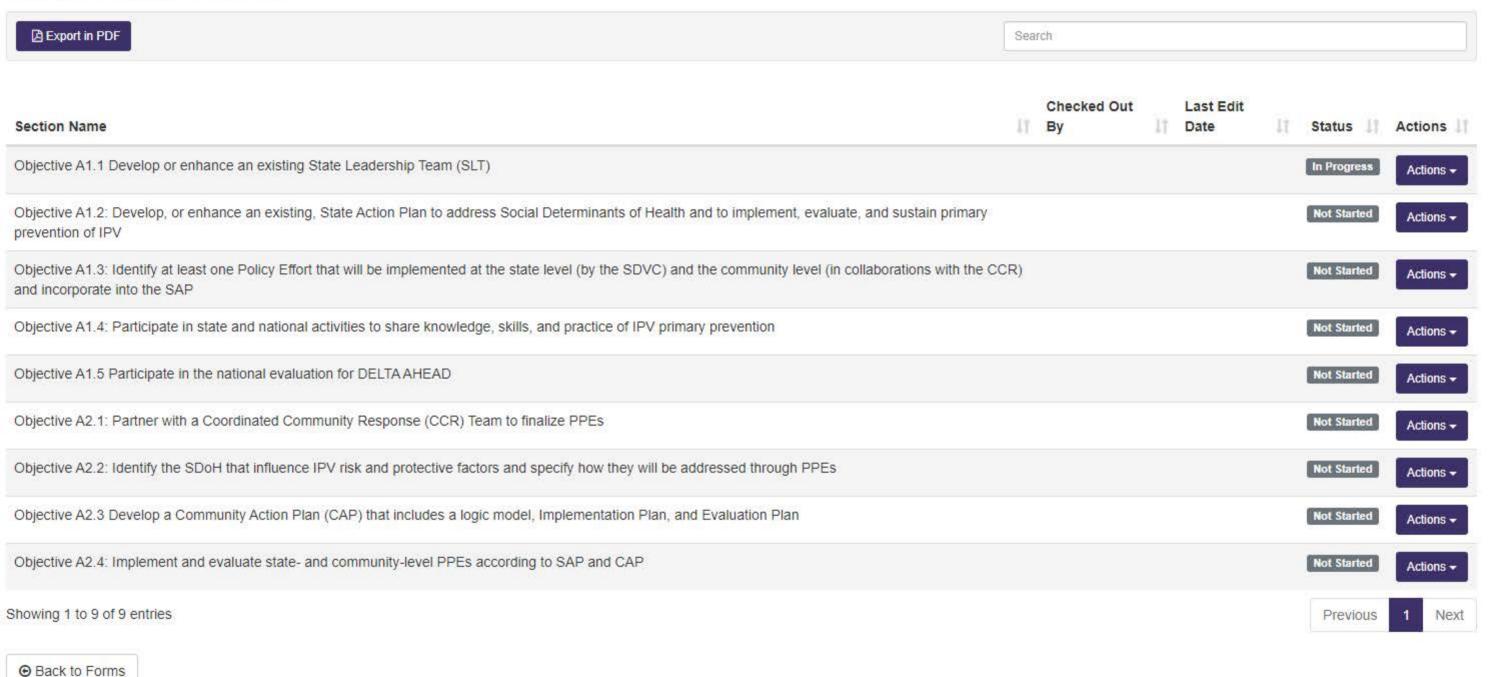
Form Approve OMB No: xxxx-xxxx Exp. Date: xx-xx-xxxx

Public Reporting burden of this collection of information is estimated at 10 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA 30333; Attn: PRA (xxxx-xxxx).

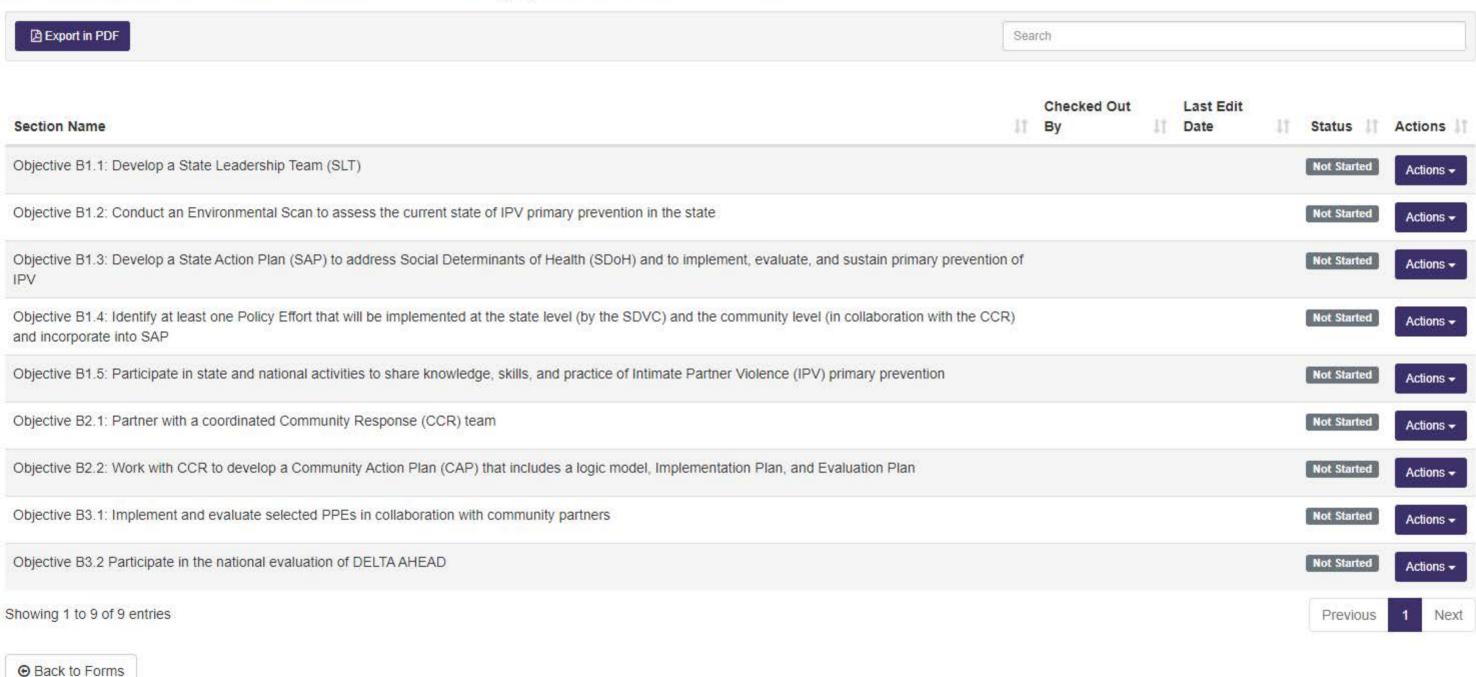
APR 1 Call Notes Documents			
Form Name	Submission Year	Submission Status	Form Set
APR 1 Form Set		Date Extension	Status: In Progress
Form 1 Cat A: Work Plan	APR 1	268 Days Left	APR 1 Form Set
Form 1 Cat B: Work Plan	APR 1	268 Days Left	APR 1 Form Set
Form 2: Continuation Application	APR 1	268 Days Left	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 4	APR 1	268 Days Left	APR 1 Form Set +Add Form 5-1: State-Level Implementation
Form 5-2: Community-Level Implementation 2	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



## DELTA AHEAD: Form 1B: Work Plan: Test Category B Work Plan Form: Sections



Form 1A: Work Pla	an : Objective A1.1 Develop or enhance	an existing State Leadership Team	(SLT)		
Funding Opportunity DELTA AHEAD	Organization Name DELTA AHEAD 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 F	Period of mm/dd/yyyy to mm/dd/yyyy.			
Goal A1 Objective 1 Objective A1.1 Status 6 *					
Select One					
Objective A1.1 Milestones					
+Add				Search	
A1.1 Description	A1.1 Key Activities	A1.1 Milestone Status	A1.1 Program Y	ear Milestone Completed	Actions

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

Export in PDF
Search

Section Name	11 Checked Out By	Last Edit Date	J1	Status	J†	Actions	11
Section 1: Summary of Work Plan Activities for Next Budget Year				In Progress		Actions <b>▼</b>	
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 <b>▼</b>	
Showing 1 to 6 of 6 entries						Previous 1	Next

⊕ Back to Forms

inding Opportunity	Organization Name	Submission Name	Reporting Year
ELTA AHEAD	DELTA AHEAD Test Organization	Test Continuation Application	APR 1
	(CDC)		

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.

⊕ Back to Sections

 □ Save Progress ☑ Save, Validate, and Check in Form 2: Continuation Application : Section 2: Implementation of Prevention Strategies

DELTA AHEAD Test Organization

Organization Name

(CDC)

**Funding Opportunity** 

DELTA AHEAD

## Test Continuation Application

Submission Name

n

APR 1

Reporting Year

APR 1 Form Set

Form Set Name

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** Organization Name Submission Name

(000)
(CDC)

# DELTA AHEAD Test Organization

## Test Continuation Application

## APR 1

Reporting Year

APR 1 Form Set

Form Set Name

**Budgetary Implications** 

DELTA AHEAD

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.

Form 2: Continuation Application : Section 4: Needed Resources Organization Name

**DELTA AHEAD** 

**Funding Opportunity** 

DELTA AHEAD Test Organization (CDC)

Test Continuation Application

Submission Name

Reporting Year

APR 1

APR 1 Form Set

Form Set Name

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? \*

0/6000

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?

# Form 2: Continuation Application : Section 5: Technical Assistance Needs Funding Opportunity Organization Name Submission Name

Funding Opportunity DELTA AHEAD

DELTA AHEAD Test Organization (CDC)

Submission Name

Test Continuation Application

Reporting Year APR 1 Form Set Name APR 1 Form Set

### Instructions

Select One

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? \*

Training and Technical Assistance Table



Form 2: Continuation Application : Section 6: Challenges

Organization Name

-1/7/	W 11			

**Funding Opportunity** 

DELTA AHEAD

## DELTA AHEAD Test Organization (CDC)

## Test Continuation Application

Submission Name

## APR 1

Reporting Year

APR 1 Form Set

Form Set Name

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?

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

Export in PDF Search ☐ Checked Out By Section Name 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

Actions 

Actio

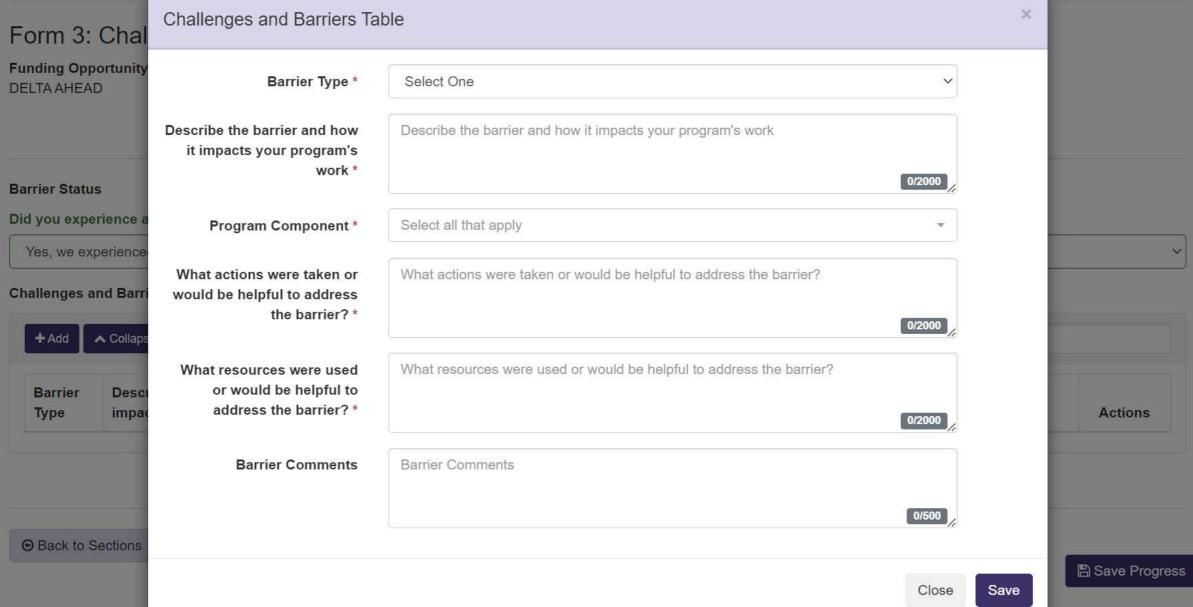
Showing 1 to 5 of 5 entries

⊕ Back to Forms

Previous

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		
+Add A Collapse	Search	



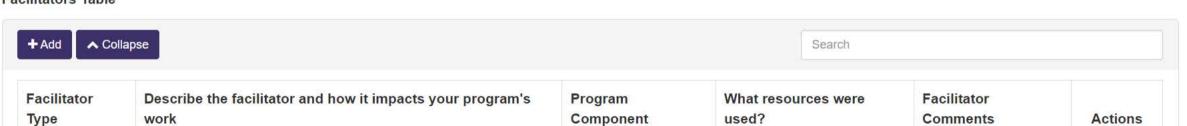


Did you experience facilitators during this reporting period? \*

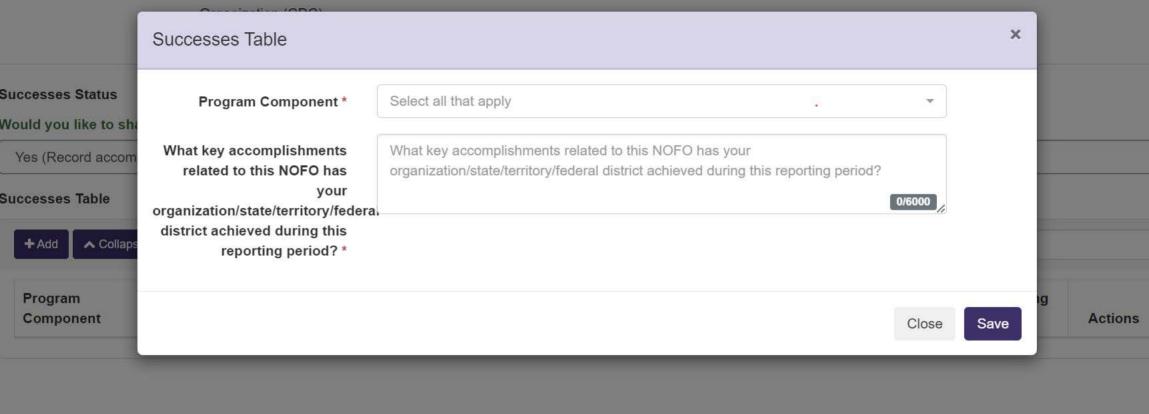
Yes, we experienced facilitators (Record facilitators in table below)

Facilitators Table

**Facilitator Status** 



Form 3: Challenges, Supports, and Accomplishments: Section 2: Facilitators Encountered **Funding Opportunity** × **Facilitators Table DELTA AHEAD** Facilitator Type \* Select One **Facilitator Status** Describe the facilitator and Describe the facilitator and how it impacts your program's work how it impacts your Did you experience f program's work \* 0/2000 Yes, we experience **Facilitators Table Program Component\*** Select all that apply ▲ Collaps What resources were used? What resources were used? **Facilitator** 0/2000 Actions Type Facilitator Comments \* **Facilitator Comments** 0/500 ⊕ Back to Sections Close Save 



# 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) \*

0/1000

○ 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]

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

○ Frequently ○ Sometimes ○ Rarely ○ Never

To what extent has your organizational capacity to select, plan, implement, and evaluate strategies increased over the reporting period?*  Not at all O To a small extent O To a moderate extent O 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 O To a small extent O To a moderate extent O To a great extent  Provide any additional information about changes in capacity. [OPTIONAL]*  Provide any additional information about changes in capacity. [OPTIONAL]  Capacity Building and Training Table [OPTIONAL]  1 Add Octoapse Search  Networking and Dissemination Table [OPTIONAL]  Provide any additional information about changes in capacity. [OPTIONAL]  Search  Type of Activity Topic SDVC Role in Activity Dates  Passe Progress	Capacity Building						
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]  Capacity Building and Training Table [OPTIONAL]  **Search**  Type of Activity Topic Audience Dates Actions  Networking and Dissemination Table [OPTIONAL]  **Search**  Search**  Type of Activity Topic SDVC Role in Activity Dates	To what extent has your organization	onal capacity to select, plan,	implement, and	evaluate strategies increased ov	er the reporting per	iod? *	
Not at all O To a small extent O To a moderate extent O To a great extent  Provide any additional information about changes in capacity. [OPTIONAL]*  Provide any additional information about changes in capacity. [OPTIONAL]  Capacity Building and Training Table [OPTIONAL]  LANG A Collapse  Search  Networking and Dissemination Table [OPTIONAL]  Networking and Dissemination Table [OPTIONAL]  Propic SDVC Role in Activity  Dates	○ Not at all ○ To a small extent ○	To a moderate extent O To	a great extent				
Not at all O To a small extent O To a moderate extent O To a great extent  Provide any additional information about changes in capacity. [OPTIONAL]*  Provide any additional information about changes in capacity. [OPTIONAL]  Capacity Building and Training Table [OPTIONAL]  LANGLE COllapse  Search  Networking and Dissemination Table [OPTIONAL]  Provide any additional information about changes in capacity. [OPTIONAL]  A Collapse  Search  Networking and Dissemination Table [OPTIONAL]  Provide any additional information about changes in capacity. [OPTIONAL]  Search  Search  Search  Dates  Search  Dates  Dates	To what extent has the capacity of	your subrecipients or partne	rs to select, plan	, implement, and evaluate strate	gies increased over	the reporting period?	*
Provide any additional information about changes in capacity. [OPTIONAL]  Capacity Building and Training Table [OPTIONAL]  + Add			89.53		-		
Provide any additional information about changes in capacity. [OPTIONAL]  Capacity Building and Training Table [OPTIONAL]  + Add	Provide any additional information	about changes in canacity [	OPTIONAL 1 *				
Capacity Building and Training Table [OPTIONAL]  +Add		relation of the security with the second of the second	The state of the s				
Capacity Building and Training Table [OPTIONAL]  Search  Type of Activity  Topic  Audience  Dates  Actions  Networking and Dissemination Table [OPTIONAL]  Type of Activity  Topic  Search  Dates	Provide any additional information a	ibout changes in capacity. [OP	TIONAL]				
Capacity Building and Training Table [OPTIONAL]  Search  Type of Activity  Topic  Audience  Dates  Actions  Networking and Dissemination Table [OPTIONAL]  Type of Activity  Topic  Search  Dates							0/0000
Type of Activity  Topic  Audience  Dates  Actions  Networking and Dissemination Table [OPTIONAL]  Type of Activity  Topic  Spyc Role in Activity  Dates							0/2000
Type of Activity  Topic  Audience  Dates  Actions  Networking and Dissemination Table [OPTIONAL]  Search  Type of Activity  Topic  SDVC Role in Activity  Dates	Capacity Building and Training Tab	le [OPTIONAL]					
Type of Activity  Topic  Audience  Dates  Actions  Networking and Dissemination Table [OPTIONAL]  Search  Type of Activity  Topic  SDVC Role in Activity  Dates	- Add - A College				Coarah		
Networking and Dissemination Table [OPTIONAL]  + Add	T Add Collapse				Sealcii		
Networking and Dissemination Table [OPTIONAL]  + Add	Type of Activity		Tonic	Audience		Dates	Actions
+Add     ▲ Collapse       Type of Activity     Topic       SDVC Role in Activity     Dates	Type of Activity		Торіо	Audiono		Dutos	Addons
Type of Activity  Topic  Search  Topic  SDVC Role in Activity  Dates							
Type of Activity Topic SDVC Role in Activity Dates	Networking and Dissemination Tab	le [OPTIONAL]					
Type of Activity Topic SDVC Role in Activity Dates							
Type of Activity  Topic  SDVC Role in Activity  Dates  Save Progress	+ Add				Search		
Topic SDVC Role in Activity Dates			071/4	Bulling			
	Type of Activity	Topic	SDVC	Role in Activity		Dates	

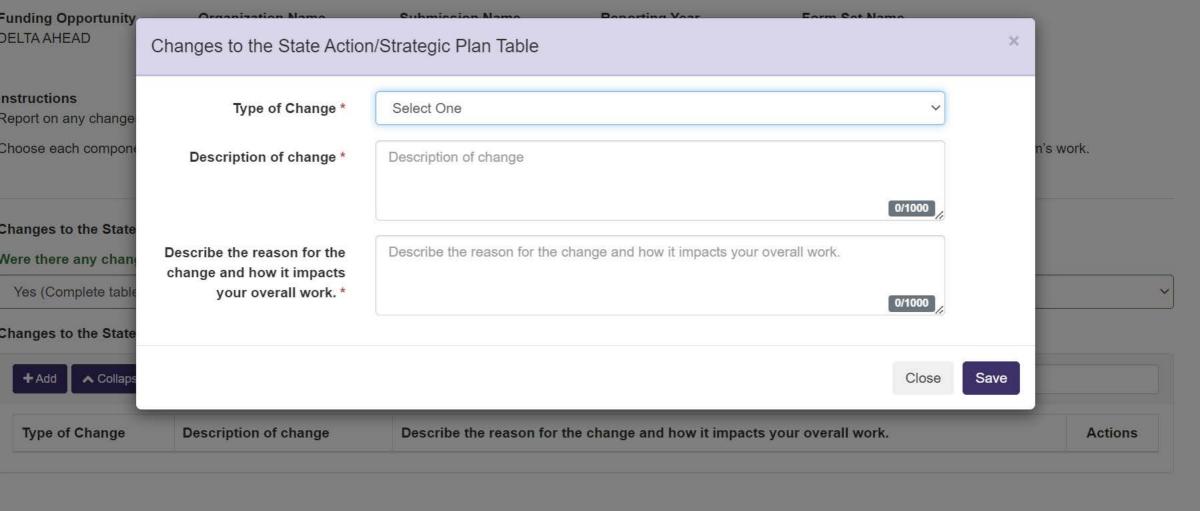
Changes to the State Action/Strategic Plan	
Were there any changes to the State Action/Strategic Plan during this reporting period? *	
Select One	~
Changes to the State Action/Strategic Plan Table	
+Add Collapse	Search

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

Description of change

Type of Change

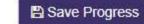
Actions



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.	
	0/200
▲ Collapse	<b>™</b> Delete
Progress on Priorities Section	
Priority Area Name *	
Priority Area Name	
	DUTO
	0/150
Description of Priority Area *	
Description of Priority Area	
	0/4750
	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



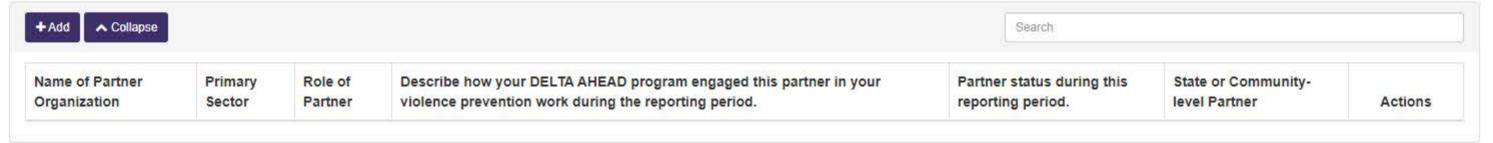
0/2000

### 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.

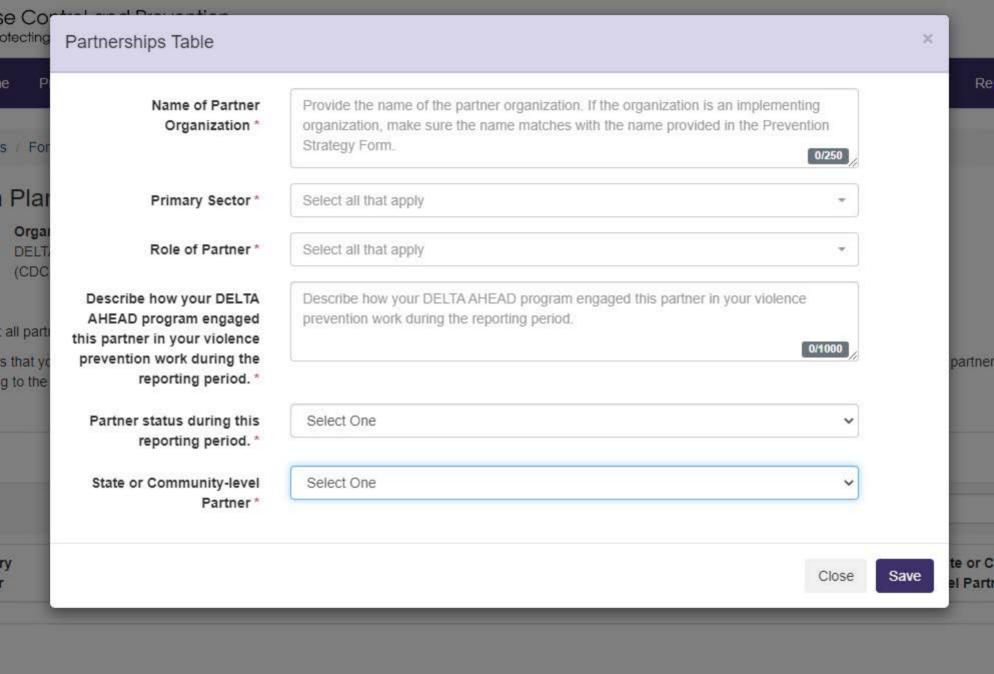
### Partnerships Table



### 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]





### State Action/Strategic Plan Activities Table



### 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.\*

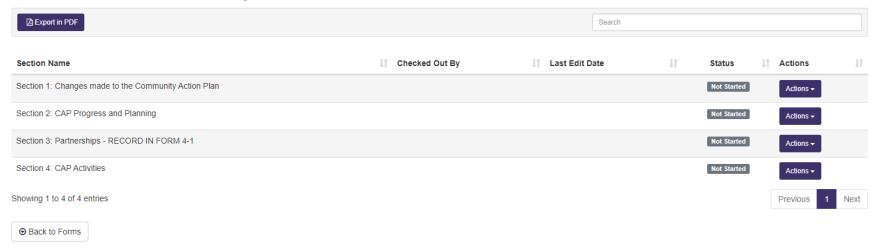
Provide a description of progress made to address the social determinants of health that impact violence that are prioritized for your state and community-level activities.

0/2800



### Form 4-2 Community Action Plan

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



### Section 1

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

**Funding Opportunity Organization Name Submission Name** Reporting Year Form Set Name DELTA AHEAD DELTA AHEAD Test Organization CAP Test APR 1 APR 1 Form Set (CDC) 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 ▲ Collapse Search Community Action Plan Change Description of Change Describe the reason for the change and how it will impact your overall work. Actions



### 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

Actions

+Add Section 2: CAP Progress and Planning Updates

Key Activities Planned for Upcoming Year

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

Funding Opportunity
DELTA AHEAD

Organization Name

**Submission Name** 

Reporting Year

APR 1

APR 1 Form Set

DELTA AHEAD Test Organization (CDC)

CAP Test

Community Action Plan Activities Table



Community Action Plan Activities Checkbox

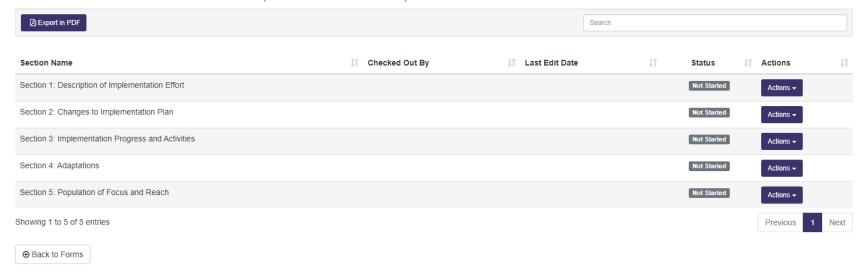
I have added any new activities from this reporting period and updated the activity status for existing activities in the table above. [Tick checkbox to confirm]

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]:

⊕ Back to Sections

### Form 5-1 State-Level Implementation

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



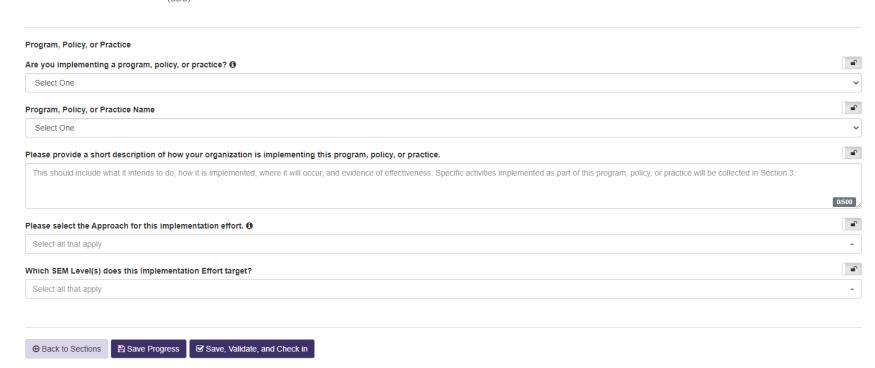
### Section 1

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

Funding Opportunity
DELTA AHEAD

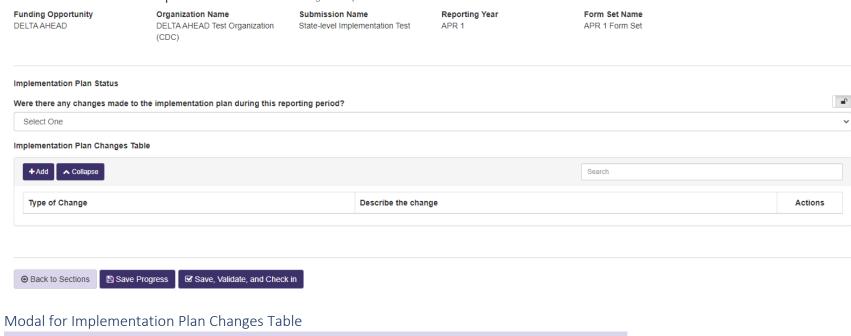
Organization Name
DELTA AHEAD Test Organization
(CDC)

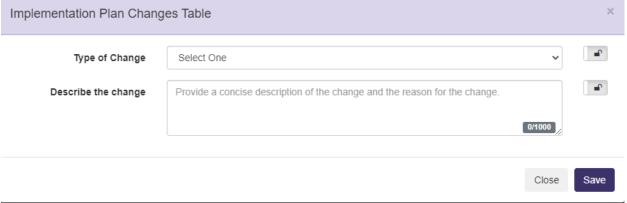
Submission Name State-level Implementation Test Reporting Year APR 1 Form Set Name APR 1 Form Set

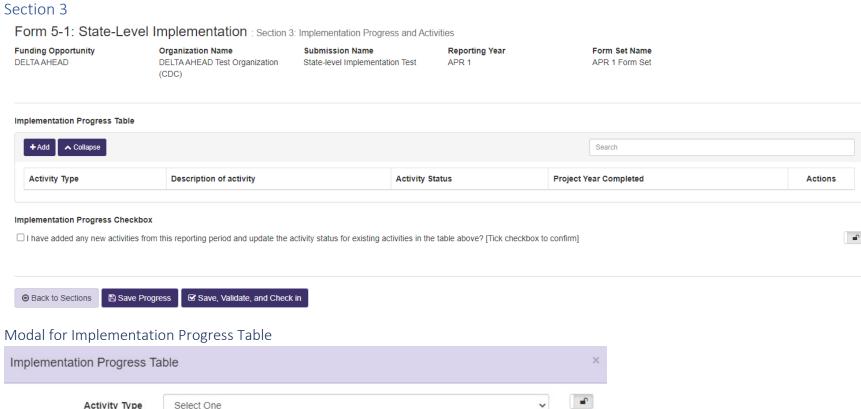


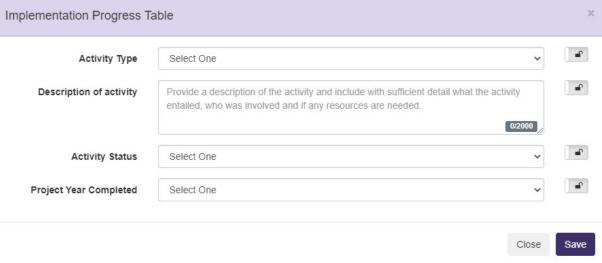
### Section 2

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









### 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

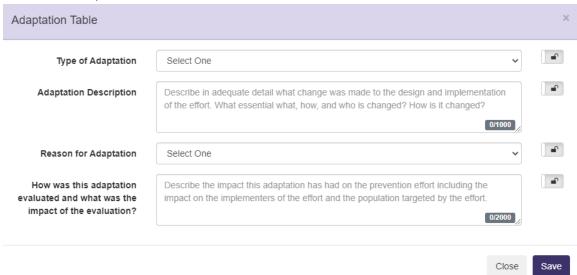


#### **Adaptation Checkbox**

□ 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



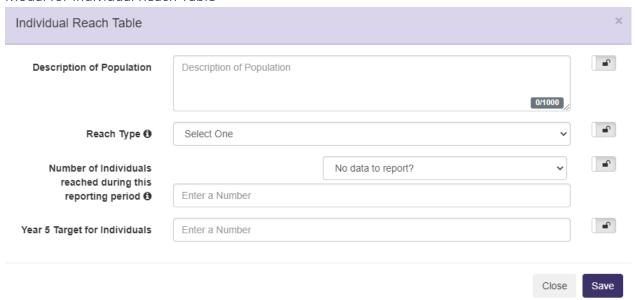
# Form 5-1: State-Level Implementation : Section 5: Population of Focus and Reach

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	on of the population or setting of focus for	this implementation effort.			-
Provide a narrative descriptio	n of the population or setting of focus for this i	mplementation effort.			
					0/2000
Why was this population or s	etting selected and how is the implementa	tion effort appropriate for the selecte	ed population or setting?		
Provide reasons and data sou will be effective for reaching to		on and setting of focus for this preventi	ion effort. Also provide reasons a	and data sources that were used to show that the sele	ected program, policy, or practice
					0/2000
Population Groups					
Is there a specific community	or population you are focusing on?				-
Select One					
Racial/ethnic groups					
☐ Black/African American		Asian		☐ Arabic/North African	
Pacific Islander		☐ American Indian/Alaskan native	Peoples	☐ Hispanic/Latinx	
☐ White		☐ Mixed race persons		Other (not listed)	

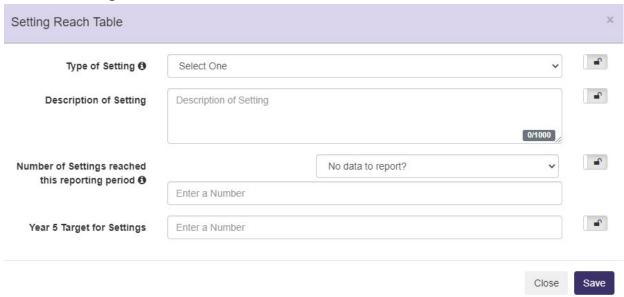
Non-citizen groups						
☐ Immigrants	☐ Migrant workers	Refugees				
☐ Asylum seekers	☐ Undocumented status	☐ Other (not listed)				
Groups with disabilities/health risks						
☐ Intellectual/developmental disabilities	☐ Mobility/ambulatory disabilities	☐ People with disabilities (general)				
☐ Substance use	☐ Mental illness	Other (not listed)				
Age groups						
☐ Infants (0-2)	☐ Young children (2-10)	☐ Youth (11-17)				
☐ Young adults (18-24)	☐ Adults (25+)	☐ Older Adults (65+)				
Other (not listed)						
Gender groups						
☐ Men	☐ Women	☐ Non-binary				
☐ Transgender	Other (not listed)					
Sexual orientation groups						
☐ Gay/Lesbian	☐ Straight (heterosexual)	Queer				
Bisexual	☐ Pansexual	Other (not listed)				
Economically disadvantaged groups						
☐ Experiencing homelessness	☐ Experiencing poverty	☐ Receiving government aid				
☐ Other (not listed)						

Geographical groups								
☐ Tribal	Rural	☐ Urb	an					
☐ Low-income neighborhoods	Suburban	☐ Oth	er (not listed)					
Other groups								
☐ Foster youth	☐ Single parents	☐ Inca	arcerated or formerly incarcerated					
☐ Veterans	☐ Military (active)	☐ Vic	Victims of crimes/violence					
☐ Perpetrators of crimes/violence	☐ Gang members	☐ Stu	Students					
☐ Non-English speaking	<ul> <li>Other Population(s) not listed above and not belonging to any grouping above</li> </ul>	g						
Individual Reach Table	Individual Reach Table							
+Add     ▲ Collapse		Search	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	rch					
Type of Setting Description of Setting	Number of Settings reached this reporting period		Year 5 Target for Settings	Actions				
⊕ Back to Sections Save Progress Save, Validate,	, and Check in							

### Modal for Individual Reach Table

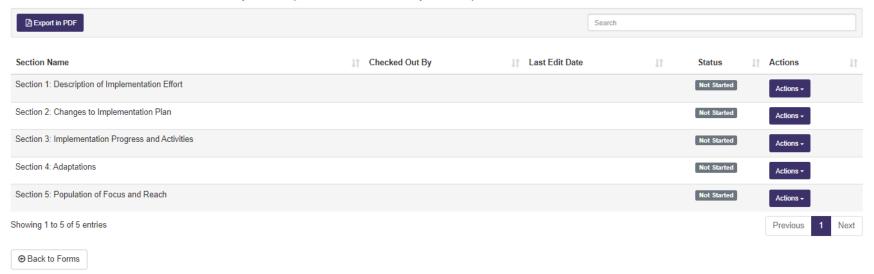


# Modal for Setting Reach Table



# Form 5-2 Community-Level Implementation

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

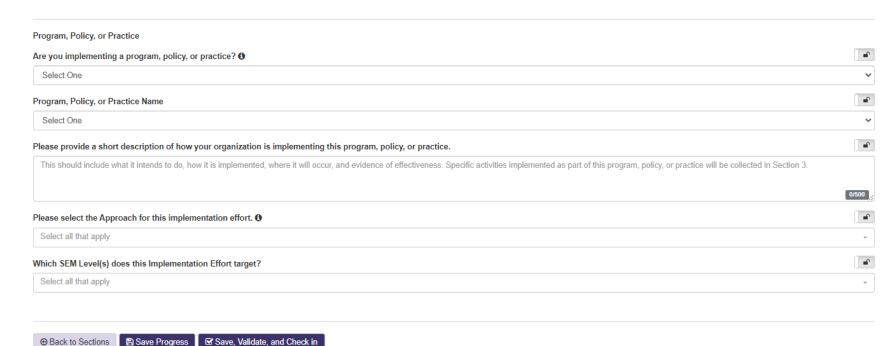


Form 5-2: Community-Level Implementation : Section 1: Description of Implementation Effort

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



⊕ Back to Sections

■ Save Progress

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

☑ Save, Validate, and Check in

**Funding Opportunity** Organization Name **Submission Name** Reporting Year Form Set Name DELTA AHEAD DELTA AHEAD Test Organization APR 1 APR 1 Form Set Community-Level Implementation (CDC) Form Test Implementation Plan Status Were there any changes made to the implementation plan during this reporting period? Select One Implementation Plan Changes Table Search Type of Change Describe the change Actions

#### Form 5-2: Community-Level Implementation : Section 3: Implementation Progress and Activities **Funding Opportunity** Organization Name Submission Name Reporting Year Form Set Name DELTA AHEAD Test Organization DELTA AHEAD Community-Level Implementation APR 1 APR 1 Form Set (CDC) Form Test Implementation Progress Table +Add ∧ Collapse Search Description of activity **Activity Status Project Year Completed Activity Type** 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 B Save Progress Save, Validate, and Check in

■ Save Progress

⊕ Back to Sections

Save, Validate, and Check in

#### Form 5-2: Community-Level Implementation: Section 4: Adaptations Funding Opportunity DELTA AHEAD Organization Name Reporting Year Submission Name Form Set Name DELTA AHEAD Test Organization Community-Level Implementation APR 1 APR 1 Form Set (CDC) Form Test 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]

Form 5-2: Community-Level Implementation : Section 5: Population of Focus and Reach **Funding Opportunity** Organization Name Submission Name Reporting Year Form Set Name DELTA AHEAD DELTA AHEAD Test Organization Community-Level Implementation APR 1 APR 1 Form Set (CDC) Form Test 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 Arabic/North African Asian Pacific Islander ☐ American Indian/Alaskan native Peoples ☐ Hispanic/Latinx ☐ White Mixed race persons Other (not listed) Groups with disabilities/health risks Intellectual/developmental disabilities Mobility/ambulatory disabilities People with disabilities (general) Substance use Mental illness Other (not listed)

Non-citizen groups			
☐ Immigrants	☐ Migrant workers	Refugees Other (not listed)	
☐ Asylum seekers	☐ Undocumented status		
Gender groups			
□ Men	☐ Women	☐ Non-binary	
☐ Transgender	☐ Other (not listed)		
Age groups			
☐ Infants (0-2)	☐ Young children (2-10)	☐ Youth (11-17)	
☐ Young adults (18-24)	☐ Adults (25+)	☐ Older Adults (65+)	
Other (not listed)			
Sexual orientation groups			
☐ Gay/Lesbian	☐ Straight (heterosexual)	Queer	
□ Bisexual	□ Pansexual	Other (not listed)	
Economically disadvantaged groups			
Experiencing homelessness	☐ Experiencing poverty	☐ Receiving government aid	
Other (not listed)			
Geographical groups			
☐ Tribal	□ Rural	□ Urban	
☐ Low-income neighborhoods	Suburban	Other (not listed)	
Other groups			
☐ Foster youth	☐ Single parents	☐ Incarcerated or formerly incarcerated	
☐ Veterans	☐ Military (active)	☐ Victims of crimes/violence	
☐ Perpetrators of crimes/violence	☐ Gang members	☐ Students	
☐ Non-English speaking	<ul> <li>Other Population(s) not listed above and not belonging to any grouping above</li> </ul>		

#### Individual Reach Table



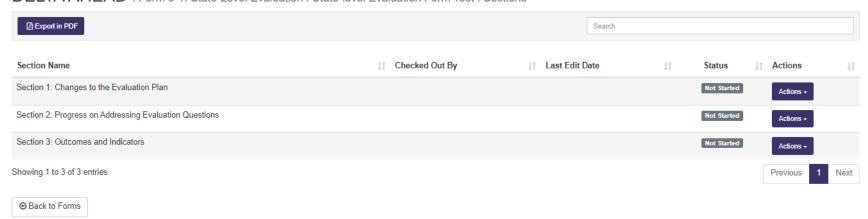
#### Setting Reach Table





# Form 6-1 State-Level Evaluation

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



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

Organization Name **Submission Name** Form Set Name **Funding Opportunity** Reporting Year DELTA AHEAD DELTA AHEAD Test Organization State-level Evaluation Form Test APR 1 APR 1 Form Set (CDC) 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 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, Validate, and Check in

### 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

#### **Evaluation Questions Table**



#### **Planned Evaluation Activities**

#### Planned Evaluation Activities in the Next Reporting Period

• Planned Evaluation Activities in the Next Reporting Period 0/2250



### 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



#### 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]





B Save Progress

☑ Save, Validate, and Check in

# Form 6-2 Community-Level Evaluation

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



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

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

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 APR 1 APR 1 Form Set Community-Level Evaluation Form (CDC) **Evaluation Questions Table** ▲ Collapse Search **Evaluation Question** Summary of Findings (include any qualitative results) Actions **Question Number Planned Evaluation Activities** Planned Evaluation Activities in the Next Reporting Period Planned Evaluation Activities in the Next Reporting Period 0/2250 ☑ Save, Validate, and Check in ⊕ Back to Sections 

### 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

#### **Outcome and Indicator Table**



#### **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]





☑ Save, Validate, and Check in