

# Primary Prevention Grantee Reporting Guide

This reporting guide is a tool intended to support Community Readiness and Capacity Building Grantees and Community-based Primary Prevention Program Grantees in submitting quarterly progress reports.

Alaska's Council on Domestic Violence & Sexual Assault (CDVSA)



Alaska's Council on  
Domestic Violence  
& Sexual Assault

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Prepared by: Strategic Prevention Solutions





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## Online Grant Reporting Overview

This guidance document is intended to support Community Readiness and Capacity Building (CR) and Community-based Primary Prevention Program (CBPPP) grantees in completing and submitting online quarterly reports to CDVSA. When you submit a quarterly report, you have provided a record of your accomplishments, capacity development, efforts, and noted challenges and assistance needs. This section provides an overview of the quarterly reporting process. The full reporting requirements can be found in subsequent sections. Please do not send additional paper copies of your report.

**Quarterly NARRATIVE reporting** should be completed online at <http://www.surveygizmo.com/s3/4068008/CDVSA-Reporting>

**Quarterly EXPENDITURE and REVENUE reporting** should be completed on the form provided at: <https://dps.alaska.gov/CDVSA/Grantee-Support/ReportingForms>.

Completed forms should be submitted to: [cdvsa.grants@alaska.gov](mailto:cdvsa.grants@alaska.gov)

## Steps for a Successful Submission

- 1.) Review this reporting guide. It mirrors the content of the online quarterly report. Additional notes and suggestions about the reporting system or navigation are presented in **blue** font and navigation logic is presented in **purple boxes**.
- 2.) Have accessible any supporting documents, including evaluation reports, activity or strategy attendance records, and calendars.
- 3.) Prepare for 1-2 hours to complete this process.
- 4.) Have saved and accessible documents (new & revised) to upload (e.g., community snapshots, updated prevention plans, special reports etc.) as part of your submission.
- 5.) Open an internet browser and enter the following URL:  
<http://www.surveygizmo.com/s3/4068008/CDVSA-Reporting>

Your report will not be submitted until you have been directed to the submission acknowledgement page. You will be emailed a copy of your report within 24 hours of submission.

## Questions and Help

For questions regarding the specific content or concerns of your reports, please contact Ann Rausch, Program Coordinator II, at [ann.rausch@alaska.gov](mailto:ann.rausch@alaska.gov).

If you experience any technological or navigation difficulties regarding the online reporting system, please contact Brittany Murrell at [brittany@StrategicPreventionSolutions.com](mailto:brittany@StrategicPreventionSolutions.com).



## The Basics

### Who should complete the quarterly reports?

Generally, the person who is most directly involved with implementing the strategies and coordinating with stakeholders and the prevention coalition should complete this narrative report (e.g., Prevention Coordinator). You should follow your agency practices and coordinate with your Executive Director and/or your finance person when filling out the separate finance report (i.e., Expenditure and Revenue Report).

### What do you need to report?

This guide outlines the reporting questions and requirements for the quarterly report. Grantees should provide a brief summary of their progress and milestones during each reporting period. This includes noting any significant achievements, staffing changes, existing or potential challenges or delays, and current activities. **Do not** copy and paste the narrative from a previous quarterly report; you should be providing an update each quarter.

Any significant changes to documents or planning during the quarter should also be noted in your reporting. This includes the creation or revision of a needs and resource assessment or changes to the community prevention plan.

### When should you complete the report?

During the funding period, grantees should complete quarterly reporting within 30 days of the end of each quarter. These reports should be prepared and submitted to CDVSA by October 30, January 30<sup>th</sup>, April 30<sup>th</sup>, and July 30<sup>th</sup>. These reports assist CDVSA with reporting requirements to the State of Alaska, as well as advocacy with other entities.

Quarter	Date Span	Complete Reporting By
1 <sup>st</sup>	July 1 to September 30	October 30 <sup>th</sup>
2 <sup>nd</sup>	October 1 to December 31	January 30 <sup>th</sup>
3 <sup>rd</sup>	January 1 to March 31	April 30 <sup>th</sup>
4 <sup>th</sup>	April 1 to June 30	July 30 <sup>th</sup>

### How do you submit quarterly reports?

- All grantees need to submit a Quarterly Report online at <http://www.surveygizmo.com/s3/4068008/CDVSA-Reporting>.
- Expenditure and revenue reports should also be submitted quarterly to [cdvsa.grants@alaska.gov](mailto:cdvsa.grants@alaska.gov). The expenditure and revenue report template can be found online at <https://dps.alaska.gov/CDVSA/Grantee-Support/ReportingForms>.

Once a grantee navigates to the end of the reporting system a notification is provided letting you know the report was submitted. An automated message is sent to CDVSA alerting them to the submission of the quarterly report. Additionally, a copy of the report is emailed directly to the grantee within 24 hours.



## Welcome Page: Accessing the Quarterly Report



Enter the following URL into an internet browser:

<http://www.surveygizmo.com/s3/4068008/CDVSA-Reporting>

You will be directed to the reporting page (see below). Use this guide and have any supporting materials (e.g., calendar, evaluation results) readily accessible when completing the report. It is recommended you complete reporting in ONE sitting. The online system will allow you to “save and continue later,” but will only retrieve saved responses from the same IP address.



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### **Community Readiness and Capacity Building (CR) & Community Based Primary Prevention Program (CBPPP) Grantee Quarterly Reporting Form**

Welcome to the online reporting system. Please answer the questions as completely as you can. Textboxes are provided throughout for additional detail or narrative you would like to share. Information from this report is compiled into a report for Council meetings among other purposes. Thank you for taking time to complete and share information about the work you and your partners are doing in your community and throughout Alaska. Once you submit the report a copy will be sent to the email address you provide in the contact section found on the next page.

#### **Tips for Community Readiness Grantees:**

- It will help you to have your calendar, CR narrative, and organizational capacity assessment.
- You need to complete this survey in ONE sitting, and it will take you about an hour.
- Please contact Ann Rausch with any questions at [ann.rausch@alaska.gov](mailto:ann.rausch@alaska.gov).

#### **Tips for Community Based Primary Prevention Grantees:**

- It will help you to have any evaluation results in hand when reporting.
- You need to complete this survey in ONE sitting, and it will take you about an hour.
- Please contact Ann Rausch with any questions at [ann.rausch@alaska.gov](mailto:ann.rausch@alaska.gov).



## Contact & Program Information Form

Please provide the following information for the grant and the person completing this report.

First Name:

Last Name:

Title / Position:

Program Name and Community:

- ☐ Abused Women's Aid in Crisis (AWAIC) - Anchorage
- ☐ Advocates for Victims of Violence (AVV) - Valdez
- ☐ Aiding Women in Abuse and Rape Emergencies (AWARE) - Juneau
- ☐ Cordova Family Resource Center (CFRC) - Cordova
- ☐ The Interior Alaska Center for Non-Violent Living (IAC) - Fairbanks
- ☐ The LeeShore Center - Kenai
- ☐ Tundra Women's Coalition (TWC) - Bethel
- ☐ Safe and Fear Free Environment (SAFE) - Dillingham
- ☐ Sitkans Against Family Violence (SAFV) - Sitka
- ☐ South Peninsula Haven House - Homer/Kenai Peninsula
- ☐ Women in Safe Homes (WISH) - Ketchikan
- ☐ Working Against Violence for Everyone (WAVE) - Petersburg
- ☐ Other - Write In: \_\_\_\_\_

Phone Number:

Email Address:



A copy of your report will be sent to the email address provided here.

Grant No.:

Fiscal year (e.g., 2018):

**Reporting Quarter:**

1st, from July 1 to September 30

2nd, from October 1 to December 31

3rd, from January 1 to March 31

4th, from April 1 to June 30

**Are you a Community Readiness and Capacity Building (CR) grantee or a Community Based Primary Prevention Program (CBPPP) grantee?**

☐ Community Readiness (CR)

☐ Community Based Primary Prevention (CBPPP)

## Quarterly Expenditure & Revenue Report

Quarterly expenditure and revenue reporting should be completed on the form provided at: <https://dps.alaska.gov/CDVSA/Grantee-Support/ReportingForms>.

Completed forms should be submitted to: [cdvsa.grants@alaska.gov](mailto:cdvsa.grants@alaska.gov)



You are prompted to email your quarterly expenditure and revenue report.

Expenditure and revenue reports should be sent directly to [\*\*cdvsa.grants@alaska.gov\*\*](mailto:cdvsa.grants@alaska.gov)

Please take a minute to email your expenditure and revenue report now.

The form can be retrieved [here](#).



## Evaluation Support

Are you currently working with an outside (external) evaluator? (*CR grantees are required to hire an external evaluator.*)

☐ Yes

☐ No

☐ No, but I would like assistance with the evaluation from CDVSA.

**Page logic: IF: "Are you currently working with an outside (external) evaluator?" is YES** Answer the additional **EVALUATION SUPPORT** questions, below.

**Page logic: IF CR grantee: "Are you currently working with an outside (external) evaluator?" is NO** Continue to **ORGANIZATIONAL ASSESSMENT**, p. 15 of this document.

**Page logic: IF CBPPP grantee: "Are you currently working with an outside (external) evaluator?" is NO** Continue to **Coalition Membership & Meetings**, p. 21 of this document.

What outside evaluator have you hired for your project?

Please describe your progress towards completing a community needs assessment and strategic plan.

*For CR grantees, the end of the first funding year is the due date for your community needs assessment and resulting strategic plan.*

How is the formation of a community coalition or partnership with an existing coalition going? (*Communication, sensitivity to the project's principles, experience and/or expertise, sharing and/or balancing roles/responsibilities, cultural inclusivity, etc.*)

In addition to the community needs assessment and the development of a strategic plan, what else is your external evaluator assisting you with? (*Logic model, writing goals and objectives, technical assistance and/or training, connecting you with relevant resources, attending coalition meetings and/or coalition support, etc.*)





## Organizational Assessment



You will next be asked to provide an update regarding your activities this quarter and report on your efforts to enhance and/or build capacity. This includes:

1. Whether you selected to improve a capacity from each domain, and if so, which.
2. Providing a narrative update regarding progress this quarter for each domain.
3. And lastly, to indicate your current level of progress for each intended change.

You will be directed through this section based on the answers you provide. For example, if you chose not to improve anything from the domain of LEADERSHIP, you will be navigated to the next domain.

If in a previous quarter you assigned an incomplete or near completion on a given capacity, please continue to report on the capacity until you have reported it as completed.

*Complete this section using the **Inventory of Organizational Practices to Improve Prevention Capacity** form.*

*For each capacity domain (i.e., Leadership, Structures & Processes, Staffing, Partnership Development, and Resource Development) that you are working to improve during this grant, select the type of capacity change and your level of progress.*

### **PROGRESS LEVELS ARE:**

**Completed** - all activities/capacities you identified to the Council to work on are met 'yes' on the Organizational Capacity Assessment

**Near Completion** - most activities/capacities you identified to the Council to work on are met or are currently being addressed

**Incomplete** - requires concerted effort to enhance or build capacity in this domain, not yet started



Review prior quarters reports to reference previous capacities and provide updates on progress. You can report up to 3 capacities per domain. If you require more options, please contact [StrategicPreventionSolutions](#).

Did you choose to improve anything in the domain of: **LEADERSHIP?**

- ☐ Yes
- ☐ No *[If no, you will be directed to the next domain.]*

Provide a general update on your progress this quarter related to your Leadership capacity.

**Leadership:** Support and prioritization of primary prevention among the organization's Executive Director, senior management, and Board members.

Which capacity are you improving?

**DOMAIN:** LEADERSHIP

**CHANGE:** [Drop Down Menu – select capacity]

*Example: A2. Our Organization integrates regular primary prevention agenda items into Board meetings.*

**CURRENT CAPACITY:** [Drop Down Menu – select progress level] *Incomplete, Near Completion, Completed*

Are you improving anything else in **LEADERSHIP?**

- ☐ Yes *[If yes, you will be prompted to identify the next capacity and your progress.]*
- ☐ No *[If no, you will be directed to the next domain.]*

Did you choose to improve anything in the domain of: **STRUCTURES & PROCESSES?**

- ☐ Yes
- ☐ No *[If no, you will be directed to the next domain.]*

Provide a general update on your progress this quarter related to your Structures and Processes capacity.

**Structures and Processes:** Incorporation of primary prevention in the way the organization formally organizes and operates.

Which capacity are you improving?

**DOMAIN:** STRUCTURES & PROCESSES

**CHANGE:** [Drop Down Menu – select capacity]

Example: B5. *Our organization newsletter has a regular section on prevention of IPV, TDV, or SA.*

**CURRENT CAPACITY:** [Drop Down Menu – select progress level] *Incomplete, Near Completion, Completed*

Are you improving anything else in **STRUCTURES & PROCESSES**?

- ☐ Yes *[If yes, you will be prompted to identify the next capacity and your progress.]*
- ☐ No *[If no, you will be directed to the next domain.]*

Please indicate any staffing changes this reporting period. If no changes to staffing, please write-in "NA"

*List staffing changes by position title (not personal name); do not give a numerical count.*

Hired (e.g., prevention coordinator)	
Terminated (e.g., admin assistant)	
Volunteer positions	

Did you choose to improve anything in the domain of: **STAFFING**?

- ☐ Yes
- ☐ No *[If no, you will be directed to the next domain.]*

Provide a general update on your progress this quarter related to your Staffing capacity.

**Staffing:** Incorporation of primary prevention in the way in which staff members are trained, organized, and operate within the organization.

Which capacity are you improving?

**DOMAIN:** STAFFING

**CHANGE:** [Drop Down Menu – select capacity]

Example: C8. Our Organization added a staff member whose primary work is in primary prevention of IPV, TDV, and/or SA.

**CURRENT CAPACITY:** [Drop Down Menu – select progress level] *Incomplete, Near Completion, Completed*

Are you improving anything else in **STAFFING**?

- ☐ Yes *[If yes, you will be prompted to identify the next capacity and your progress.]*
- ☒ No *[If no, you will be directed to the next domain.]*

Did you choose to improve anything in the domain of: **RESOURCE DEVELOPMENT**?

- ☐ Yes
- ☐ No *[If no, you will be directed to the next domain.]*

Provide a general update on your progress this quarter related to your Resource Development.

**Resource Development:** Pursuing and attaining funding or in-kind support for primary prevention work.

Which capacity are you improving?

**DOMAIN:** RESOURCE DEVELOPMENT

**CHANGE:** [Drop Down Menu – select capacity]

Example: E1. By \_\_\_\_\_, apply for/receive funding specifically for IPV prevention activities.

**CURRENT CAPACITY:** [Drop Down Menu – select progress level] *Incomplete, Near Completion, Completed*

Are you improving anything else in **RESOURCE DEVELOPMENT**?

- ☐ Yes *[If yes, you will be prompted to identify the next capacity and your progress.]*

- ☐ No *[If no, you will be directed to the next domain.]*

Provide a general update on your progress this quarter related to your Partnership Development capacity.

**Partnership Development:** Engaging new partners or developing existing partnerships for the purpose of building and/or supporting primary prevention work.

How would you rate your current capacity for partnership development?

- ☐ Incomplete
- ☐ Near Completion
- ☐ Complete



## Coalition Membership & Meetings

This section is intended to gather information related to ongoing collaborative partnerships or coalition work. Please describe any updates, developments, or modifications. If the question is not applicable, respond "N/A."

Please describe any progress this quarter on conducting a readiness and/or needs assessment (e.g., developing interview, conducting interviews, analyzing responses):

Describe any progress related to getting your community prevention team or prevention coalition started and/or organized.

*This includes any outreach efforts, collaboration with other community coalitions, training, involvement or consultation with Tribal entities or organizations, recruitment, or growth.*

How many prevention team or coalition meetings occurred this reporting period?

Please describe any progress this quarter related to developing or revising your community prevention plan.

*You will have the opportunity to upload and share revised documents (e.g., prevention plan) towards the end of this online reporting form.*





## Common Indicators

All grantees are asked to report on several common indicators each quarter. These indicators were identified from previous and existing prevention efforts implemented in Alaska. They are used to help understand what is happening and/or changing across the state as a result of prevention grantee programming. To the extent possible, please report on these indicators each quarter. Use the comment boxes to provide any narrative, context, or comments you have.



Reach out to available ANDVSA technical assistance support or talk with your evaluator about how you might create or modify evaluation tools to obtain information on these indicators. Some indicators may require resources (e.g., time, volunteers) others depend on existing data collection or records.

How many **new** community agency partnerships, MOUs, or other informal or formal agreements have been developed for prevention efforts this quarter?

Among agency staff, and partnering coalition partners, how many hours per week (on average) were dedicated staffing hours for IPV/DV/SA prevention programming?

Lead agency staff (director, prevention coordinator, volunteers):

Coalition partners (partnering agencies, other volunteers):

What percentage of prevention activities (strategies, presentations, events, etc.) included a conversation on equity and/or inclusion?

*For example, if 3 of the 6 activities included a conversation about equity report "50%".*

How many community members received IPV/DV/SA prevention training provided by your agency?

If known, how many community members received IPV/DV/SA prevention training provided by a coalition partner this reporting period?

Lead agency (you):

Coalition partner:

For those who attended an IPV/DV/SA training, what percentage reported an improvement in their awareness of community resources?

*For example, if 18 of the 20 people who attended reported greater awareness of community resources because of the training, report "90%". Please also specify the number of people using the comment box. For this example, you would write "18" in the comment box.*

How many people participated in a bystander program (e.g., Green Dot, Men at Work, Bringing in the Bystander) you implemented this quarter? Please indicate the number of persons by group (e.g., high school students and faculty).

If a coalition partner is implementing a bystander program (e.g., Bringing in the Bystander), record how many community members were reached through their strategy in the "Partner's Programming" option.

*For example, if you implemented Green Dot in the community and reached 28 adult community members, 120 high school students, 17 high school teachers, and your coalition partner implemented Bringing in the Bystander on a local college campus reaching 345 students you would report the following:*

Community members: 28

High School: 137

University: 0

Partner's Programming: 345

Community (broader community, parent trainings):

High School (students, staff, faculty):

University (students, staff, faculty):

Partner's Programming:

What percentage of people who attended a bystander training reported initiating a follow-up conversation with peers, colleagues, family and/or friends or having taken some prevention action (e.g., green dot, promoting healthy relationships) this quarter?

% initiating a follow-up conversation

% taking some other prevention action (please specify what type of action in comment box)

Of the public schools in your service area, how many implement elements of SEL curriculum (e.g., empathy, goal setting, social engagement, problem-solving, appreciating diversity and culture, identifying emotions, self-confidence, self-efficacy)?

Elementary schools:

Middle schools:

High schools:

How many youths (under 18 years of age) participated in some type of prevention activity this quarter? This includes attending a presentation, equity dialogue, becoming/being a peer mentor, engaging in an activity or strategy (e.g., GOTR), or were involved in coalition or prevention planning efforts?

Attended a prevention-focused presentation:

Peer mentors:

Participated in prevention strategy (e.g., GOTR, Lead On):

Number of youth coalition members:

Youth engaged in prevention planning/implementation efforts:

What percentage of youth reported a feeling of belonging in their community?

Please use this space to provide feedback or comments regarding the common indicators.



## General Support & Feedback

In this section, please share narrative related to your implementation process, successes, challenges, or emerging needs. This is an opportunity to share general updates about your process and technical assistance needs. You will have an opportunity to report on specific strategies in another section.

Please use the following comment box to share general updates or information related to your implementation process, collaborations, successes, or challenges this quarter.

Please use the following space to note concerns or questions regarding resources, implementation, programming, reporting, or evaluation.

Do you have any unmet needs for technical assistance? Please list or describe them here.

*This comment box can also be used to request information or topics for discussion during monthly Statewide prevention calls?*



This is your opportunity to advocate for your own capacity development and technical support needs. If there are topics or upcoming reporting requirements that you could use additional support with, identify those here.

**Page logic: IF: CR grantee THEN: Jump to ARE YOU IMPLEMENTING STRATEGIES?, p. 31 of this document.**

**Page logic: IF: CBPPP grantee THEN: Continue to CBPPP STAFFING & GRIEVANCES, p. 29 of this document.**



## CBPPP Staffing & Grievances

Please indicate any staffing changes this reporting period. If there were no changes to prevention staffing, please write-in "NA"

*List staffing changes by position title (not personal name); do not give a numerical count.*

Hired (e.g., Prevention Coordinator)	
Terminated (e.g., Admin Assistant)	

Please disclose any formal complaints and/or grievances filed this quarter. Who were they against and how were they resolved?





## Are you implementing strategies?

Please use this space to report any efforts underway for future implementation of a prevention strategy. This section is for strategies **not currently implemented**, but are being considered, discussed among your partners, or you are planning. Include information related to the anticipated or projected timeline, barriers or needed resources to successfully implement or developing partnerships.

Are you currently implementing any prevention strategies (e.g., Green Dot, Coaching Boys into Men)?

- ☐ Yes [If yes, you are directed to complete the **Implementing Strategies: Strategy Narrative** – see next section, p. 33 of this document.]
- ☐ No [If no, you are directed to the **File Uploads** section, p. 39 of this document.]



## Implementing Strategies: Strategy Narrative



For each prevention strategy you implemented during this reporting quarter, you should complete a Strategy Narrative. Examples of prevention strategies include Coaching Boys into Men, Green Dot, and Girls on the Run.

This means if you have implemented both Green Dot and Coaching Boys into Men in your community(ies), you should complete this section twice – one detailing and reporting on actions and activities associated with Green Dot, the other for Coaching Boys into Men.

In the online form, you will be provided a Strategy Narrative to complete for your first prevention strategy. After reporting on the initial strategy, you will be asked if there are additional strategies to report on. If you select “Yes, I do have another strategy to report” you will be provided another Strategy Narrative form, and so on.

Please identify the prevention strategy and its associated activities that are being implemented through the CR or CBPPP funds in the following section. Complete this form for **each** prevention strategy.

If a question in this section does not apply or there is no activity to report, please answer **not applicable (N/A)**.

Prevention Strategy (e.g., Girls on the Run, Coaching Boys into Men, Green Dot):

Risk and Protective Factors Addressed by this Strategy: *Select all that apply.*

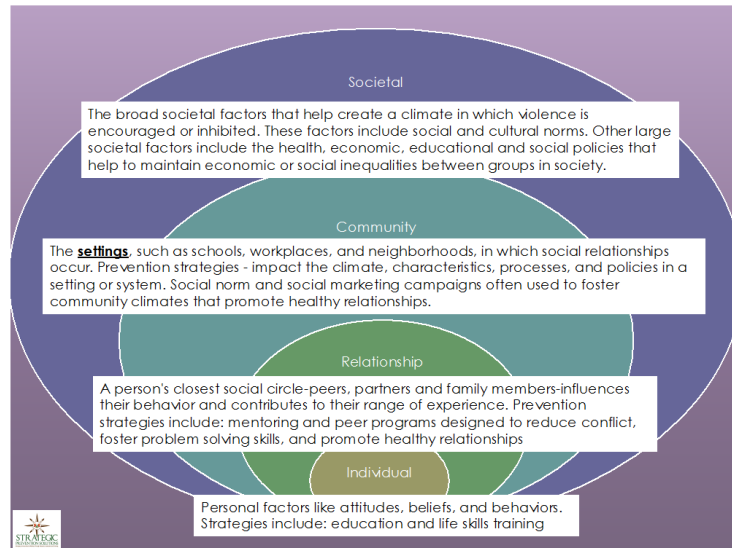
- ☐ Mental Health Concerns (Depression, Anxiety)
- ☐ Belief in strict gender roles (e.g., male dominance and aggression in relationships)
- ☐ Unhealthy family relationships and interactions
- ☐ Traditional gender norms
- ☐ Gender Equity
- ☐ Healthy and Active Community
- ☐ Sexual Violence
- ☐ Youth Violence
- ☐ Academic Achievement
- ☐ Resiliency
- ☐ Cultural Connectedness
- ☐ Reproductive Health
- ☐ Substance use or abuse
- ☐ Teen Dating Violence
- ☐ Child Abuse
- ☐ Poverty
- ☐ Suicide
- ☐ Other - Write In:
- ☐ Other - Write In:

Timing of Implementation:

Target Population:

At what level/s of the Social Ecology is this strategy expected to have a direct impact? *Select all that apply.*

- ☐ Societal
- ☐ Community
- ☐ Relationship
- ☐ Individual



Community partners associated with this strategy implementation:

Number of times your community partners met during the reporting period (to plan and implement this prevention strategy)?

Feedback from community partners related to this specific prevention strategy, related activities, and/or timeline for implementation. Please paste in direct quotes, if possible.

Number of strategy-specific activities implemented during this reporting period (e.g., kick off events, races, distribution of media):

### Participant Numbers and Demographics

	Number of Overall Participants	Number of Male Participants	Number of Female Participants
<b>0-4</b>			
<b>5-11</b>			
<b>12-14</b>			
<b>15-17</b>			
<b>18-20</b>			
<b>21-24</b>			
<b>25-44</b>			
<b>45-64</b>			
<b>65 &amp; over</b>			

Feedback from participants (please paste in direct quotes, if available):

Please describe your progress evaluating outcomes specific to this strategy. Save your detailed findings for a separate evaluation report, and instead use the space below to describe your **general** progress evaluating this strategy.

Other pertinent information about the planning, implementation, and evaluation of this strategy and related activities not covered.

Do you have another prevention strategy to report on (e.g., Green Dot, Coaching Boys into Men)?

- ☐ Yes [If yes, you are provided another [Strategy Narrative form](#)]
- ☐ No [If no, you are directed to the **File Uploads** section; p. 39 of this document.]



You can report and submit up to 10 strategy narrative forms. If you require more, please contact [StrategicPreventionSolutions](#).





## File Uploads

Please upload any documents or reporting requirements here.

Generally, the following reporting is required:

### **CR Grantees**

Year 1- Needs & Resources Assessment; End of Year Evaluation Report

Year 2- Prevention Plan (or Strategic Plan); End of Year Evaluation Report

(Remember in year 2 you should be implementing at least one strategy)

Year 3- Cumulative 3-Year Evaluation Report

### **CBPPP Grantees**

Year 1- End of Year Evaluation Report

Year 2- End of Year Evaluation Report

Year 3- Cumulative (all years) Evaluation Report

If you have made significant changes or revisions to any of these documents - during any reporting period - (e.g., needs and resources assessment) please submit the most up to date document here as well. If you have questions about reports, submission dates, or supporting materials please contact Ann Rausch ([ann.rausch@alaska.gov](mailto:ann.rausch@alaska.gov)).



You can upload any documents, up to 6 individual files. Allowed types: png, gif, jpg, jpeg, doc, xlsx, pdf, txt. The maximum file size is 50 MB.



On the next page is an infographic titled *AK Prevention Funding*. This graphic presents the annual activities and evaluation reporting required for each year. Note that with every year it is expected capacity will grow and subsequently additional detail and description of activities and evaluation are requested.



# AK PREVENTION FUNDING



- |   |  |  |   |  |  |
|---|--|--|---|--|--|
| <ul style="list-style-type: none"> <li>• Hire prevention staff</li> <li>• Complete prevention training</li> <li>• Coalition building</li> <li>• Participate in ongoing statewide TA</li> <li>• Needs &amp; Resources Assessment</li> <li>• Hire consultant</li> </ul> | <ul style="list-style-type: none"> <li>• Complete prevention plan</li> <li>• Participate in ongoing statewide TA</li> <li>• Hire evaluator</li> <li>• Coalition building</li> <li>• Select strategies for implementation and begin workgroups</li> <li>• Continue working with consultant</li> <li>• Implement one strategy from plan</li> </ul> | <ul style="list-style-type: none"> <li>• Continue implementing one strategy from plan</li> <li>• Participate in ongoing statewide TA</li> <li>• Coalition building</li> <li>• Complete evaluation plan</li> <li>• Update prevention plan as needed</li> <li>• Continue working with evaluator</li> </ul> | <ul style="list-style-type: none"> <li>• Update prevention plan</li> <li>• Update/write evaluation plan</li> <li>• Implement strategy in one additional population or setting</li> <li>• Hire evaluator</li> <li>• Measure process of implementation for YEAR 1</li> <li>• Measure outcomes for YEAR 1</li> </ul> | <ul style="list-style-type: none"> <li>• Continue implementation</li> <li>• Continue evaluation</li> <li>• Start CQI / improvement</li> <li>• Regular meetings with evaluator to review findings</li> <li>• Measure process of implementation for YEAR 2</li> <li>• Measure outcomes for YEAR 2</li> </ul> | <ul style="list-style-type: none"> <li>• Continue implementation and focus on having an impact</li> <li>• Continue CQI / improvement</li> <li>• Regular meetings with evaluator to review findings and frame final report</li> <li>• Complete all data collection - for ALL YEARS</li> </ul> |
|---|--|--|---|--|--|

## Evaluation Reporting

- |  |  |   |   |   |  |
|--|--|---|---|---|--|
| <ul style="list-style-type: none"> <li>• Report on start up activities, including process for THIS year</li> </ul> | <ul style="list-style-type: none"> <li>• Report on activities for THIS year, including coalition building and capacity improvements</li> </ul> | <ul style="list-style-type: none"> <li>• Report on activities for ALL 3 YEARS, including coalition building, capacity improvements, and process of implementing one strategy</li> </ul> | <ul style="list-style-type: none"> <li>• Report on start up activities and evaluation findings for THIS year, including coalition building and capacity improvements</li> </ul> | <ul style="list-style-type: none"> <li>• Report on process and outcome evaluation findings for THIS year</li> </ul> | <ul style="list-style-type: none"> <li>• Report on process and outcome evaluation findings for ALL YEARS - emphasize community impact</li> </ul> |
|--|--|---|---|---|--|



## Inventory of Organizational Practices to Improve Prevention Capacity



At the end of each fiscal year all grantees are asked to complete *The Inventory of Organizational Practices to Improve Prevention Capacity* (i.e., Quarter 4). There are several domains and associated statements. You are being asked to read each statement and endorse the response that is true for your organization. When completing this checklist, think back on the past year and all efforts and activities for building capacity within your agency, partnering organizations, and the community in general.

You are being asked to think back on the **past fiscal year** and complete this section, the Inventory of Organizational Practices to Improve Prevention Capacity. This inventory aims to assess the growth and strengthening of capacity among grantees for implementing primary prevention programming. There are no right or wrong answers. Please identify your current primary prevention practices with your organization for each of the capacities listed below.

There are five areas of capacity: Leadership, Structures and Processes, Staffing, Partnership Development, and Resource Development.

**Leadership:** Read each statement and select “Yes” if the statement is true, otherwise select “No.”

	Yes	No
Our Board members [vote] on adapting the organization’s [mission statement, strategic plan, training materials, etc.] to include primary prevention.	<input type="checkbox"/>	<input type="checkbox"/>
Our Organization integrates regular primary prevention agenda items into Board meetings.	<input type="checkbox"/>	<input type="checkbox"/>
Our Organization integrates primary prevention agenda topics in annual executive board retreats.	<input type="checkbox"/>	<input type="checkbox"/>
Our Organization has a board member with primary prevention experience/expertise.	<input type="checkbox"/>	<input type="checkbox"/>
Our Organization has established ongoing training for organization leadership about primary prevention (examples: the public health approach to prevention; root causes of IPV, SV, TDV).	<input type="checkbox"/>	<input type="checkbox"/>
Primary prevention is integrated in Executive Director orientation training.	<input type="checkbox"/>	<input type="checkbox"/>

**Structures and Processes:** Read each statement and select “Yes” if the statement is true, otherwise select “No.”

	Yes	No
Our organization has revised mission/vision statements to include the goal of primary prevention of IPV.	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has updated or created organization communication items/materials with a focus on: primary prevention content; primary prevention frameworks; healthy relationships; working with men and boys; and/or preventing teen dating violence.	<input type="checkbox"/>	<input type="checkbox"/>
Our organization includes primary prevention in the organization's legislation/advocacy talking points.	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has added a section to the organization website about prevention of IPV, TDV, and SA.	<input type="checkbox"/>	<input type="checkbox"/>
Our organizational newsletter has a regular section on prevention of IPV, TDV, or SA.	<input type="checkbox"/>	<input type="checkbox"/>
Our organization incorporates primary prevention materials on regular listserv announcements.	<input type="checkbox"/>	<input type="checkbox"/>
Our organization utilizes theory to establish an evidence base that will inform the organization's primary prevention [intended changes such as: organization changes or prevention efforts.	<input type="checkbox"/>	<input type="checkbox"/>
Our organization use data (state healthy relationship data, BRFSS data, prevalence data, demographic data on perpetrators or victims) to inform IPV, TDV, SA prevention priority areas or strategic partnerships.	<input type="checkbox"/>	<input type="checkbox"/>
Our organization incorporates specific IPV, TDV, and/or SA primary prevention goals/objectives/strategic targets in the organization's strategic plan.	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has added IPV, TDV, and/or SA primary prevention resources to the organization library.	<input type="checkbox"/>	<input type="checkbox"/>

**Staffing:** Read each statement and select “Yes” if the statement is true, otherwise select “No.”

	Yes	No
Our Organization has formed a staff team or workgroup to work on primary prevention of IPV, TDV, and/or SA.	<input type="checkbox"/>	<input type="checkbox"/>
Our Organization incorporates IPV, TDV, and/or SA prevention topics into regular staff meetings.	<input type="checkbox"/>	<input type="checkbox"/>
Our Organization has added primary prevention focus to an existing staff work group or planning group within the organization.	<input type="checkbox"/>	<input type="checkbox"/>
Our Organization includes primary prevention goals within staff individual development plans.	<input type="checkbox"/>	<input type="checkbox"/>
Our Organization revised standard staff training materials to include primary prevention.	<input type="checkbox"/>	<input type="checkbox"/>
Our Organization holds regular staff trainings specifically on IPV, TDV, and/or SA primary prevention.	<input type="checkbox"/>	<input type="checkbox"/>
Our Organization added a primary prevention component to staff training materials.	<input type="checkbox"/>	<input type="checkbox"/>
Our Organization added a staff member whose primary work is in primary prevention of IPV, TDV, and/or SA.	<input type="checkbox"/>	<input type="checkbox"/>
Our Organization revised [AmeriCorps/student intern/volunteer] positions to focus on primary prevention.	<input type="checkbox"/>	<input type="checkbox"/>
Our Organization revised all organization job descriptions to include prevention activities for staff members work on.	<input type="checkbox"/>	<input type="checkbox"/>
Our Organization has revised staff position(s)/name of staff positions to include prevention activities.	<input type="checkbox"/>	<input type="checkbox"/>
Our Organization includes primary prevention components in standard staff orientation materials.	<input type="checkbox"/>	<input type="checkbox"/>
Our Organization requires all staff to annually/quarterly/other time frame receive primary prevention training/TA.	<input type="checkbox"/>	<input type="checkbox"/>
Our Organization increased staff access to current research on incidence and prevalence of IPV, risk and protective factors of IPV, and/or best practices for IPV primary prevention.	<input type="checkbox"/>	<input type="checkbox"/>

### Partnership Development:

Our agency has established a new partnership/enhanced an existing partnership with...

- ☐ Organizations working with men and boys
  - ☐ Specifically with men to plan or implement prevention efforts
  - ☐ A healthy relationship program
  - ☐ A mentoring program
  - ☐ A state committee
  - ☐ A state task force
  - ☐ A state work group
  - ☐ A different organization interested in or currently conducting IPV/TDV and/or SA primary prevention work:
- 

**Resource Development** (not current funding here): Read each statement and select “Yes” if the statement is true, otherwise select “No.”

	Yes	No
Applied for/ received funding specifically for IPV prevention activities.	<input type="checkbox"/>	<input type="checkbox"/>
Partner(s) provide/d in-kind resources to the organization to support primary prevention work (materials, supplies, staff time from partners).	<input type="checkbox"/>	<input type="checkbox"/>
Designated a % of general funds raised to support primary prevention initiatives.	<input type="checkbox"/>	<input type="checkbox"/>
Incorporated primary prevention as priority for board development (e.g., fundraising area).	<input type="checkbox"/>	<input type="checkbox"/>

## Submitting



Once you have reached this page, you have completed the quarterly report. This page is a receipt of your submission. You will receive an email within 24 hours which contains a copy of your report. If you need to make a correction to your report, or if you have questions about the online reporting system contact [Strategic Prevention Solutions](#) (see p.1).

**Your response has been submitted.**

**Thank you for completing your Quarterly Report.**

Thank you  
for  
all you  
do.