

# **OFFICE OF ADOLESCENT HEALTH**

## **GUIDANCE FOR PREPARING AN ANNUAL PROGRESS REPORT**



**August 2011**

Office of Adolescent Health

GUIDANCE FOR PREPARING AN ANNUAL PROGRESS REPORT

Table of Contents

PART ONE: GENERAL INSTRUCTIONS	3
PART TWO: ANNUAL PROGRESS REPORT SUBMISSION	4
PART THREE: ANNUAL PROGRESS REPORT CONTENT	5
I.    Table of Contents	5
II.   Annual Progress Report	
a.  Twelve-Month Progress Report for Current Budget Period	5
b.  Evaluation Progress Update ( <i>TPP Tier 1 C/D &amp; Tier 2 Grantees Only</i> )	6
c.  Success stories	10
III.  Financial Status Report	10
IV.  Appendices	10
PART FOUR: EXHIBIT INFORMATION AND SAMPLE FORMAT	11
EXHIBIT A.  TWELVE-MONTH PROGRESS REPORT TEMPLATE	13
EXHIBIT B.  TWELVE-MONTH PROGRESS REPORT EXAMPLE	15
EXHIBIT C.  ANNUAL PROGRESS REPORT CHECKLIST FOR TEEN PREGNANCY PREVENTION GRANTEEES	16
EXHIBIT D.  ANNUAL PROGRESS REPORT CHECKLIST FOR PREGNANCY ASSISTANCE FUND GRANTEEES	17
EXHIBIT E.  SAMPLE FLOW CHARTS FOR SAMPLE INTAKE DATA FOR TPP GRANTEEES	18
EXHIBIT F:  SAMPLE EXCEL WORKSHEETS FOR BASELINE EQUIVALENCE DATA FOR TPP GRANTEEES	20
EXHIBIT G.  EXAMPLE SUCCESS STORY TEMPLATE	23
EXHIBIT H.  FINANCIAL STATUS REPORT GUIDANCE	27

**Office of Adolescent Health**  
**GUIDANCE FOR PREPARING AN ANNUAL PROGRESS REPORT**

**PART ONE: GENERAL INSTRUCTIONS**

Eligibility

These instructions are applicable to Teen Pregnancy Prevention (TPP) and Pregnancy Assistance Fund (PAF) grants administered by the Office of Adolescent Health (OAH). This document provides guidance on the preparation of an annual progress report and financial status report.

Purpose

The purpose of the annual progress report and financial status report are to:

- Report on the progress of the project during the recently completed budget period.
- Provide appropriate financial documents for the close out of the recently completed budget period.

The OAH Guidance for Preparing an Annual Progress Report describes the content and submission procedures for completing the annual progress report and financial status report. Annual progress reports will be reviewed by the OAH Project Officer and the Office of Grants Management (OGM) Grants Management Specialist. The annual progress report must provide detailed information on the progress in accomplishing goals and objectives during the recently completed budget period.

## **PART TWO: ANNUAL PROGRESS REPORT SUBMISSION**

The annual progress report, financial status report, and all supporting documents must be received no later than Wednesday, **November 30, 2011**. It is preferred that you submit the report electronically, however mailed or hand-delivered submissions will also be accepted.

### Electronic Submission (preferred)

The annual progress report, including all required documents, should be submitted to OAH and OGM electronically. All required reporting documents should be sent directly via email to the assigned OAH Project Officer and OGM Grants Management Specialist. Grantees should include the grant number on all submissions.

### Mailed or Hand-Delivered Hard Copy Submission

Grantees who submit the annual progress report in hard copy (via mail or hand-delivered) are required to submit an original and two copies of the report. The annual progress report and all supporting documents should be sent to the Office of Grants Management, ATTN: {Name of OGM Grants Management Specialist}, Office of the Assistant Secretary for Health, 1101 Wootton Parkway, Suite 550, Rockville, MD 20852.

A courtesy copy of the annual progress report should also be sent to the OAH project officer at the Office of Adolescent Health, 1101 Wootton Parkway, Suite 700, Rockville, MD 20852.

## **PART THREE: ANNUAL PROGRESS REPORT CONTENT**

The annual progress report should include:

- Table of contents
- Twelve-month progress report that includes detailed progress for the entire recently completed budget year
- Evaluation progress update (*for TPP Tier 1 C/D and Tier 2 grantees only*)
- One or more success stories from the recently completed budget period
- Signed Financial Status Report
- Additional materials in the appendices

The contents of the report should be properly labeled and numbered. Contents should be concise and complete and written in 12-point font. Adherence to the following guidelines will facilitate the review of the annual progress report.

### **I. TABLE OF CONTENTS**

A Table of Contents outlining the components of the annual progress report is required and will provide assurance that all required sections of the submission have been included.

### **II. a. TWELVE-MONTH PROGRESS REPORT**

The twelve-month progress report should describe the completion of objectives and activities during the entire recently completed budget period as reflected in your Notice of Grant Award (September 1, 2010 – August 31, 2011).

The progress report is a mechanism through which grantees can detail their accomplishments and activities over the past year. The report should be a reflection of the progress of the entire year and will include progress on the first six months as reported in the continuation application. The progress report should include a thorough description of both programmatic and evaluation objectives and activities.

All goals, objectives, and activities identified in the annual progress report should be clearly connected. Each activity identified and described should directly support a corresponding objective.

In order to appropriately document the progress of the grant, the progress report should include explanations for each objective and activity identified. Explanations for achieving or not achieving the identified objective or activity should include supportive statements. Descriptions supporting the accomplishment of the objective or activity should provide more information than a “yes” or “no” response.

The progress report should:

- Describe the status (met, ongoing, or unmet) of each objective and activity.
- Provide a narrative describing what has been done to work toward accomplishing the objectives and completing the planned activities (include the outcomes of your actions).
- Describe any barriers encountered, and how the barriers were addressed.
- If applicable, include the reasons that goals or objectives were not met and a discussion of assistance needed to resolve the situation.
- Report on any other significant project activities, accomplishments, setbacks or modifications (e.g., change in key staff, change in scope) that have occurred in the past year and were not part of the program work plan. These should include legislative and/or judicial actions impacting the program, as well as agency events.

Exhibits C and D provide a checklist of key information that should be included in your progress report. The items listed in the checklist represent required activities as stated in the funding announcement and the Year One Milestones for TPP Grantees. Ultimately, your progress report should be specific to your program and should provide a thorough update on the status of your program objectives and activities completed during the 12-month period. The checklist provides you with guidance on the minimum activities that should be included in your progress report, but is not exhaustive.

The narrative included in your progress report should be detailed and supporting documents (included as Appendices) should be included if they add clarity or depth, substantiate the narrative, and/or present information succinctly. Extensive appendices are not required. Twelve-month progress reports are evaluated on the basis of substance, not length. Cross referencing should be used rather than repetition.

See **Exhibit A** for an example Twelve-Month Progress Report Template.

See **Exhibit B** for an example of partially completed Twelve-Month Progress Report.

See **Exhibit C** for the TPP Checklist of key information to include in the progress report.

See **Exhibit D** for the PAF Checklist of key information to include in the progress report.

## **II. b. EVALUATION PROGRESS UPDATE**

***\* Should be completed only by TPP Tier 1 C/D and Tier 2 grantees not participating in the Federal evaluation***

All TPP Tier 1 C/D and Tier 2 grantees not participating in the federal evaluation need to provide information on two key components of their independent, grantee-level rigorous evaluation: sample intake and equivalence of the study groups on baseline measures.

Monitoring these two aspects of your evaluation are important for understanding whether your implemented evaluation is maintaining the rigor of the original design.

Documenting the sample intake process and reporting on sample equivalence using baseline measures will also be important to include in study reports for HHS and peer-

reviewed journal articles. This information should be provided by your independent evaluator.

Examining sample intake throughout the study is important for two reasons: 1) assessing whether you are meeting your target sample size on which power calculations were based, and 2) assessing the likelihood that the final study sample might have rates of overall or differential attrition that exceed the HHS evidence standard threshold. For random assignment studies, if attrition rates exceed the threshold, establishing equivalence of the analytic sample on baseline measures is necessary for establishing that the design is internally valid.<sup>1</sup> Per HHS evidence standards, all quasi-experimental designs must establish that the analytic sample is equivalent on baseline measures. Understanding early levels of and reasons for attrition, and whether treatment and comparison groups differ on key characteristics measured at baseline provides some guidance for evaluators on targeting resources towards maximizing consent rates and response rates, either overall, by study condition, or by subgroups. We recommend that you examine attrition and equivalence of the samples on baseline measures before completing each data collection effort.

We recognize that sample enrollment and data collection may be limited or incomplete at this time. Most grantees have not yet enrolled all of the study youth, and very few will have completed any follow-up data collection. For this report, please provide the most recent information available by the time you submit the report.

Included below is a description of the items requested regarding sample intake and sample equivalence. **Exhibit E** includes example flow charts that can be used to report sample intake. **Exhibit F** includes example spreadsheets that can be used to report baseline equivalence.

### **Sample intake documentation**

The following pieces of information are needed to document the sample intake process and size of the current sample:

***For clustered random assignment designs*** (for example, clinics, community-based organizations, teachers, or schools were randomly assigned):

- A paragraph describing: the definition of clusters eligibility for the evaluation, the number of clusters considered/recruited, the outcome of that recruitment effort, and whether and how any clusters were prioritized for inclusion in the evaluation sample. This paragraph will provide a clear summary of the recruitment process for clusters, the outcome of that process, and an indicator of the population to which the evaluation results may be generalizable.
- The number of clusters randomly assigned to each condition (i.e., treatment and comparison).

---

<sup>1</sup> See the [HHS evidence review standards](#) for more information about the tolerable levels of overall and differential attrition and requirements for establishing baseline equivalence.

- The number of clusters still participating after random assignment (i.e. that did not drop out) at each time point, by study condition, and the reason(s) for their nonparticipation.
- Whether subclusters (for example, the youth) are also randomly assigned and the timing of that random assignment. If subclusters (youth) are not randomly assigned, please describe in a paragraph how subclusters (youth) are assigned to the cluster and the timing of that assignment with respect to the timing of cluster random assignment.
- And the items below *for those clusters still participating*<sup>2</sup>

***For all designs:***

- A paragraph describing what makes a youth eligible for the evaluation; the number of youth screened and determined to be eligible and the counts and reasons for those screened out; and the process for selecting the pool to be evaluated among those eligible.
- The number of youth eligible to receive the program.
- The number of youth consenting for the evaluation (by condition, if post-random assignment).
  - If program consent was separate from evaluation consent, please include the sample sizes for those youth with evaluation consent who did not consent to the program.
- The number of youth randomly assigned to each condition.
- The number of youth with baseline data, by condition.
- The number of youth with follow-up data, by condition.
- The start and end dates for each data collection point, by condition.
- The start date and end dates for the program (and comparison condition, if applicable).

We ask that you provide this information pooled across cohorts, even if some cohorts are incomplete.<sup>3</sup> The documentation should include the order in which the following activities occurred and whether those activities are completed or ongoing: eligibility screening, consent, random assignment, and baseline data collection. It should also provide the reason for sample loss, if not obvious from the items provided above (for example, non-consent). Sample flow charts are provided in **Exhibit E**. You should customize the flow charts to reflect your research design. For cluster-level assignment, please provide the information requested in *both* charts.

---

<sup>2</sup> Under the HHS evidence standards, attrition at the sub-cluster level is assessed after accounting for cluster-level attrition. So the starting point for the student level information should be the students recruited in the clusters that are still participating.

<sup>3</sup> We are requesting information pooled across cohorts because it will provide the necessary information used in the HHS evidence standards attrition calculation. However, you may also want to calculate this for each cohort to identify the populations to focus on tracking to ultimately improve attrition rates or balance baseline equivalence.

While HHS evidence standards do not include an attrition assessment for quasi-experimental designs, understanding sample loss by condition is valuable for determining whether there could have been intervention-induced loss, and also for assessing the representativeness of your final sample. Therefore, those with quasi-experimental designs should also provide all data requested to assess sample flow.

### **Baseline equivalence documentation**

All grantees, regardless of research design, should provide baseline characteristics for current samples. For randomized controlled trials, this is important for assessing whether random assignment resulted in equivalent groups. For quasi-experimental design studies, this is useful for understanding whether your targeted groups are similar, as had been hypothesized. Later, when the evaluation is completed, HHS evidence standards require that randomized controlled trials with high attrition and all quasi-experimental designs establish that their analytic samples are equivalent on baseline characteristics. While your evaluation sample may not be final yet, if there are observed differences on key baseline characteristics between the groups at this time, data collection efforts could be adjusted to either survey enough youth to get below the (overall or differential) attrition threshold or target students with particular characteristics to bring the sample into equivalence.

The HHS evidence review assesses equivalence on three key demographic characteristics (age or grade level if age is not available, gender, and race/ethnicity) and, if the sample is age 14 (eighth grade) or older at baseline, on at least one behavioral outcome measure (for example, rates of sexual initiation). Therefore, *again after pooling across all cohorts*, please provide sample sizes<sup>4</sup>, unadjusted means, and standard deviations for the demographic measures and the OAH behavioral performance measures you collected at baseline for your *current sample* (i.e., those for whom are still retained in the evaluation). Please convert yes/no responses to binary variables in which yes = 1 and no = 0. A sample excel worksheet is displayed in **Exhibit F** and is available on the [Eval TA SharePoint website](#). This excel worksheet contains equations for calculating t- and chi-square statistics and p-values for the group differences on each of the baseline characteristics. If you perform alternate tests of statistical significance (such as adjusting standard errors for random assignment of clusters), please include those as well with a note about the test performed.

See **Exhibit E** for Sample Flow Charts for presenting sample intake data.

See **Exhibit F** for a Sample Excel Worksheet for presenting baseline equivalence data.

---

<sup>4</sup> Please clearly indicate the sample sizes for these measures. It is possible you will have collected more baseline data than is prepared for analysis, resulting in a discrepancy between the sample size reported in the sample flow section and the baseline equivalence assessment. We need to be clear on the sample size of the baseline measures reported in the table.

## **II. c. SUCCESS STORIES**

Grantees are encouraged to provide one or more success stories with the annual progress report to communicate the impact of activities during the latest budget period. Success stories are critical in helping educate decision makers about the impact of your program, demonstrating responsible use of resources, sharing best practices with other similarly-funded programs, and attracting new partners for collaboration.

The success story should describe your grant-funded activity or activities that have resulted in positive changes for young people during the past year. The focus of your submitted story each year will change over time as your program expands and evolves. Stories from this past 12-month period may focus on your successful efforts to plan, pilot, and raise awareness of the program within your target community.

**Exhibit G** includes an example template that can be used to help you write your success story. A resource that may be helpful as you develop your success story is available at [http://www.cdc.gov/healthyouth/stories/pdf/howto\\_create\\_success\\_story.pdf](http://www.cdc.gov/healthyouth/stories/pdf/howto_create_success_story.pdf).

## **III. FINANCIAL STATUS REPORT**

A signed, complete Financial Status Report, Standard Form 269 (SF 269), must be submitted with your annual progress report. The required form is available at <http://www.whitehouse.gov/sites/default/files/omb/grants/sf269.pdf>. The completed SF-269 must be signed by the Authorized Business Official.

The SF-269 (long form) should be completed if the grantee is reporting program income. The SF-269 (short form) should be completed if the grantee is not reporting program income.

## **IV. APPENDICES**

Supporting documents that add value or clarity to the information presented in the progress report should be included in the appendices. Materials included in the appendices should present information clearly and succinctly and add depth to your report.

## **PART FOUR: EXHIBIT INFORMATION AND SAMPLE FORMATS**

EXHIBIT A. EXAMPLE PROGRESS REPORT TEMPLATE *(all grantees)*

EXHIBIT B. EXAMPLE TWELVE-MONTH PROGRESS REPORT *(all grantees)*

EXHIBIT C. TPP ANNUAL PROGRESS REPORT CHECKLIST *(TPP only)*

EXHIBIT D: PAF ANNUAL PROGRESS REPORT CHECKLIST *(PAF only)*

EXHIBIT E. SAMPLE FLOW CHARTS FOR SAMPLE INTAKE DATA *(TPP Tier 1 C/D and Tier 2 only)*

EXHIBIT F: SAMPLE EXCEL WORKSHEETS FOR BASELINE EQUIVALENCE DATA *(TPP Tier 1 C/D and Tier 2 only)*

EXHIBIT G. EXAMPLE SUCCESS STORY TEMPLATE *(all grantees)*

EXHIBIT H. FINANCIAL STATUS REPORT GUIDANCE *(all grantees)*



**EXHIBIT A – Example Twelve-Month Progress Report Template**

*Name of Grantee*

**Grant #:**

**September 1, 2010 – August 31, 2011**

<b>Goal:</b>		
<b>Objective:</b>	<p><b>In Progress</b></p> <p><b>Met</b></p> <p><b>Unmet</b></p>	<p>Provide a brief description of the accomplishments, barriers encountered, populations served, activities undertaken and the collaborative partners involved in working toward the objective. Document any outcomes that are a result of your grant-funded activities. Provide a justification for any objectives that are not currently either in progress or met.</p>
<b>Activity:</b>	<p><b>In Progress</b></p> <p><b>Met</b></p> <p><b>Unmet</b></p>	<p>Describe the activities that have taken place to date and any barriers encountered. Document any outcomes that are a result of your grant-funded activities. Provide a justification for any redirection of activities (i.e. unmet, revised).</p>
<b>Activity:</b>	<p><b>In Progress</b></p> <p><b>Met</b></p> <p><b>Unmet</b></p>	<p>Describe the activities that have taken place to date and any barriers encountered. Document any outcomes that are a result of your grant-funded activities. Provide a justification for any redirection of activities (i.e. unmet, revised).</p>
<b>Activity:</b>	<p><b>In Progress</b></p> <p><b>Met</b></p> <p><b>Unmet</b></p>	<p>Describe the activities that have taken place to date and any barriers encountered. Document any outcomes that are a result of your grant-funded activities. Provide a justification for any redirection of activities (i.e. unmet, revised).</p>

## **EXHIBIT A – Twelve-Month Progress Report – p. 2**

### **Additional Narrative**

Report on any other significant project activities, accomplishments, setbacks or modifications (e.g. change in key staff, change in scope) that have occurred in the current budget period and were not part of the program work plan. These should include legislative and/or judicial actions impacting the program, as well as agency events.

### **Trainings**

Please provide feedback on the OAH provided trainings and technical assistance provided, including the regional TA meetings, TA webinars, tip sheets, evaluation webinars, and evaluation briefs. Please provide specific comments on what you as a grantee have found useful and what areas you would like to see improved upon.

**EXHIBIT B: Example Twelve-Month Progress Report (Partial)**

**Grantee X; Grant #:xxxxx**

**September 1, 2010 – August 31, 2011**

**Goal:** Replicate xxx evidence-based program in 60 sites across xxx County.

<p><b>Objective:</b> By August 31, 2010 ensure all facilitators are trained in the xxx evidence-based program model.</p>	<p><b>Met</b></p>	<p>By the end of the first grant year, we trained all 60 facilitators in the xxx evidence-based program model. We identified organizations that were certified to conduct training on the evidence-based program, had a conversation with each organization about the content and cost of their training, selected and entered into an agreement with xxx organization to conduct our trainings, and have conducted four facilitator trainings. We offered the same training four times to provide options in the location and timing of the training and to limit each training to no more than 15 participants.</p>
<p><b>Activity:</b> Identify and secure a trainer to conduct training on xxx evidence-based program.</p>	<p><b>Met</b></p>	<p>We identified three organizations that were certified to conduct trainings in xxx evidence-based program. We contacted each organization to learn more about the content and cost of their training. Each organization offered a 3-day training, but one organization also included 20 hours of follow-up technical assistance in their training plan. The cost estimates from the three organizations were similar. We decided that having the 20 additional hours of technical assistance from the trainer would be beneficial since this is a new program for all of our facilitators, therefore we selected xxx organization. We signed a contract with xxx organization to conduct four identical 3-day trainings for our facilitators and to provide 20 hours of follow-up technical assistance. It was agreed that our organization would take care of the logistics and registration for each training.</p>
<p><b>Activity:</b> Conduct four, 3-day trainings in the xxx evidence-based program for program facilitators.</p>	<p><b>Met</b></p>	<p>Training dates and locations for four 3-day trainings were secured:</p> <ol style="list-style-type: none"> <li>1. March 22-24, 2010 at the xxx community organization in City</li> <li>2. April 14-16, 2010 at the xxx community organization in City</li> <li>3. May 2-4, 2010 at the xxx community organization in City</li> <li>4. May 20-22, 2010 at the xxx community organization in City</li> </ol> <p>Trainings were advertised to the 60 facilitators who are implementing the xxx evidence-based program. Each training includes an overview of the program model, core components, and teaching philosophy; a detailed review of the activities included in the program; time for each participant to practice delivering the program activities; review of the fidelity monitoring tools; discussion about allowable adaptations; and review of the available evaluation tools (see Appendix A – Training Agenda). Training participants completed an evaluation form after the training. Results have been analyzed indicate that facilitators are confident in their ability to implement the program with fidelity as a result of the training.</p>

## EXHIBIT C: ANNUAL PROGRESS REPORT CHECKLIST FOR TEEN PREGNANCY PREVENTION GRANTEES

### Annual Progress Report

- Progress in completing Year One Milestones
  - Key staff hired
  - Needs assessment completed
  - Revised work plan submitted and approved
  - Implementation plan submitted and approved for all pilot sites
  - Proposed adaptations and rationale for proposing adaptations submitted and approved
  - Staff trained & plan for training future staff established
    - Curriculum training
    - Professional development opportunities
  - Program materials reviewed and approved for medical accuracy
    - Modifications from medical accuracy review approved by OAH
  - Program curriculum and materials purchased
  - Partnerships in place with signed MOUs and monitoring plan
  - Pilot test conducted with an appropriate number of participants from the target audience
  - Plan for monitoring fidelity to program model(s) in place
  - Plan for documenting the intervention in place [**Tier 2 only**]
    - Documentation of process and procedures
    - Replication manual
  - Evaluation plan approved by OAH for TPP ranges C and D and TPP Tier 2
- Signed agreement with program developer in place
- Work plan goals, objectives, and activities are aligned
- Pilot test implementation results included
  - Description of pilot results (include details such as number of sites, number of youth, lessons learned)
  - Plans to incorporate lessons learned from pilot into year two programming
- Description of activities conducted to monitor fidelity
- Data collection plan in place
  - Instruments developed
  - Inclusion of performance measures
- Progress on evaluation activities
  - Consistent with approved evaluation plan
- Attendance at TPP annual conference and regional trainings

## **EXHIBIT D: ANNUAL PROGRESS REPORT CHECKLIST FOR PREGNANCY ASSISTANCE FUND GRANTEES**

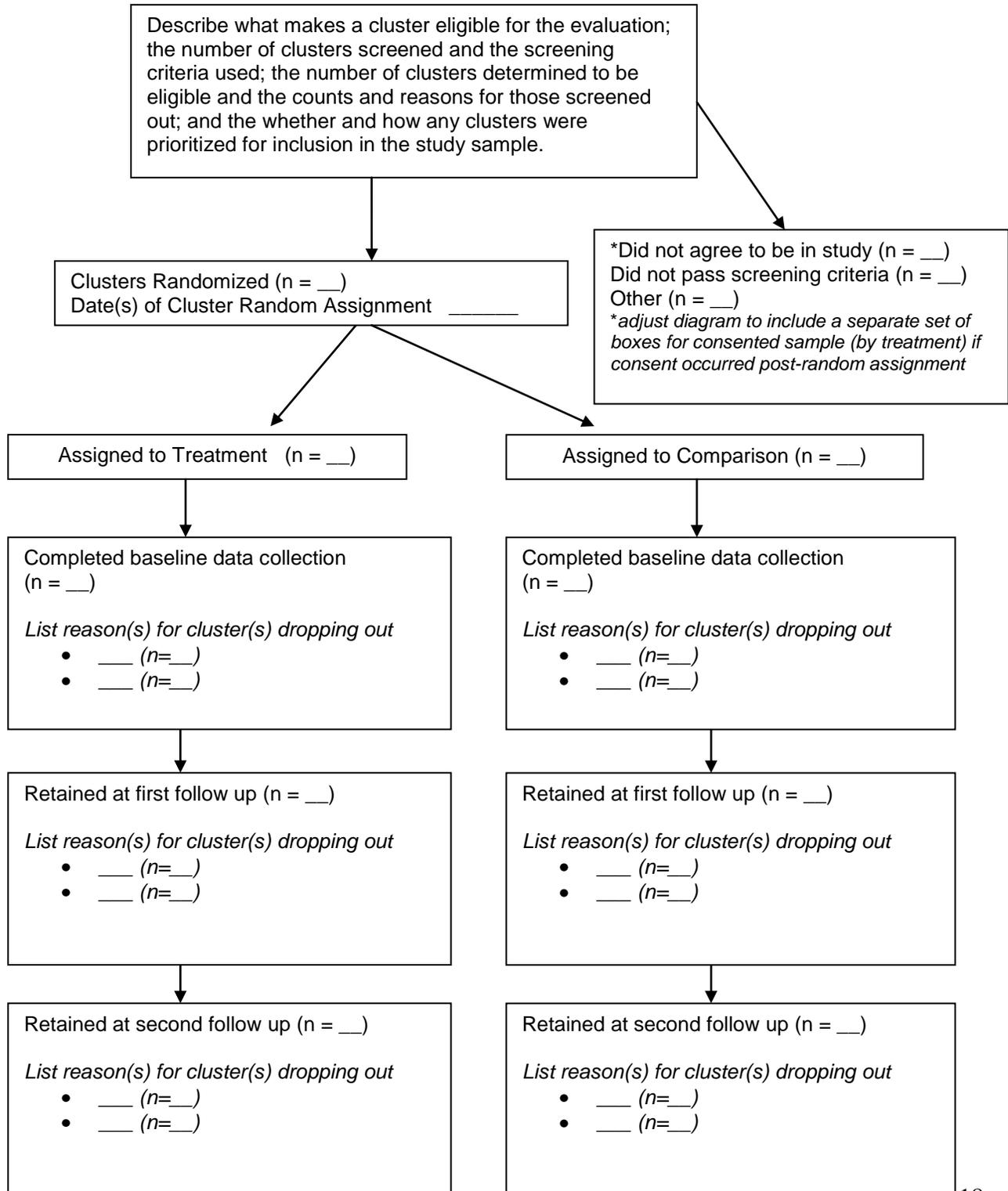
### Annual Progress Report

- Progress in completing Year One Milestones
  - Key staff hired
  - Needs assessment completed
  - Staff trained & plan for training future staff established
  - Program materials reviewed for medical accuracy
  - Partnerships in place with signed MOUs and monitoring plan
  
- Attendance at PAF annual conference and regional trainings
  
- Plans for an annual assessment on campus and within the local community to assess pregnancy and parenting resources and identification of goals for improving such resources
  
- Number of eligible institutions of higher education, high schools and community service centers that were awarded funds and the number of students served by each pregnant and parenting student services office receiving funds
  
- Performance criteria and standards established for institutions of higher education, high schools and community service centers funded through the grant
  - Documented plan for collecting performance measure data
  - Due dates for reports to the State from such entities
  
- Description of activities funded through State Attorneys General Office (*if applicable*)
  
- Description of public awareness or education activities conducted with the Federal grant funds, including any relevant program performance or process assessments
  
- Summaries of all reports received from institutions of higher education, high schools and community service centers that receive funds under this funding announcement
  
- Referral system documented for partner sites
  
- Documented monitoring for implementation sites
  
- Evaluation objectives outlined and clear progress reported

**EXHIBIT E - SAMPLE FLOW CHARTS FOR SAMPLE INTAKE DATA FOR TPP GRANTEES**

**CONSORT Diagram for Clusters**

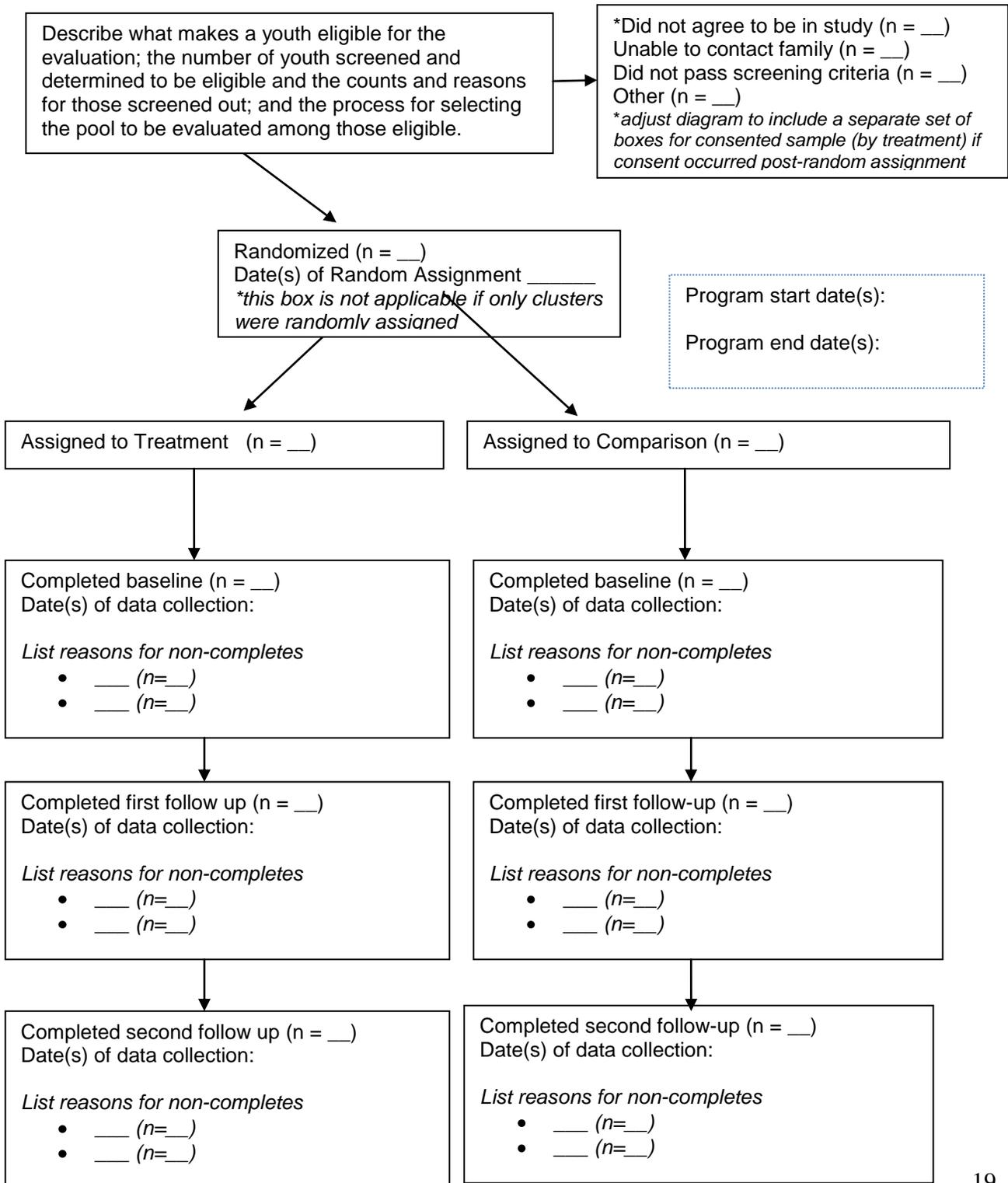
\*Please complete diagrams based on your pooled sample to date. Also complete diagram(s) for youth sample, using retained clusters as starting point.



**EXHIBIT E - SAMPLE FLOW CHARTS FOR SAMPLE INTAKE DATA FOR TPP GRANTEES**

**CONSORT Diagram for Youth**

\*Please complete diagram based on your pooled enrollment to date. Adjust order if not reflective of your processes.



**EXHIBIT F: SAMPLE EXCEL WORKSHEETS FOR BASELINE EQUIVALENCE DATA**

Characteristics at BASELINE	<u>Treatment Group</u>			<u>Comparison Group</u>			<u>Group differences</u>			p-value adjusted for clustering at level of random assignment, if applicable <i>(calculated by the evaluator)</i>
	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	t-statistic <i>(calculated by the worksheet)</i>	df <i>(calculated by the worksheet)</i>	p-value <i>(calculated by the worksheet)</i>	
<u>Demographic characteristics</u>										
Age (in years)										
Female (%)		-			-					
Hispanic (%)		-			-					
Race (% and counts) <sup>1</sup>							-	-		
American Indian or Alaska Native		-			-		-	-	-	
Asian		-			-		-	-	-	
Black		-			-		-	-	-	
Native Hawaiian or Other Pacific Islander		-			-		-	-	-	
White		-			-		-	-	-	
Two or more races		-			-		-	-	-	

**EXHIBIT F: SAMPLE EXCEL WORKSHEETS FOR BASELINE EQUIVALENCE DATA**

Characteristics at BASELINE	<u>Treatment Group</u>			<u>Comparison Group</u>			<u>Group differences</u>			p-value adjusted for clustering at level of random assignment, if applicable (calculated by the evaluator)
	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	t-statistic (calculated by the worksheet)	df (calculated by the worksheet)	p-value (calculated by the worksheet)	
<u>OAH behavioral performance measures</u>										
Ever had sexual intercourse (%)		-			-					
Gotten someone pregnant or been pregnant (%) <sup>2</sup>		-			-					
Number of times (mean)										
Sexual intercourse in prior 3 months (%) <sup>2</sup>		-			-					
Number of times (mean)										
Sexual intercourse in prior 3 months without using condom (%) <sup>3</sup>		-			-					
Number of times (mean)										
Sexual intercourse in prior 3 months without using effective contraception (%) <sup>3</sup>		-			-					
Number of times (mean)										

Notes: Use current analytic sample (i.e. those who have follow-up data and state for which follow-up they have data.) Please convert all yes/no responses to yes = one and no = zero in your data file. All binary outcomes should be entered as decimals in the spreadsheet (e.g. 45% should be entered as 0.45).

- Please construct this variable, or a similar one, from the data. The percentages should sum to 100 percent. A chi-sq statistic is calculated for this variable.
- <sup>1</sup>
  - <sup>2</sup> Impute those who have never had sex as zeroes in numerator.
  - <sup>3</sup> Impute those who did not have ever or did not have sex in prior 3 months as zeroes in numerator.

## EXHIBIT G: Example Success Story Template

### Share Your Success Stories! Example Template

This template is intended for use by Grantees to describe their OAH-funded programs/activities. Each section in the template is followed by a self-check, which outlines criteria relevant to that section.

#### 1. SUCCESS STORY TITLE:

#### ***SELF-CHECK – Have you:***

- Captured the overall message of the story?*
- Included an action verb?*
- Captured the reader's attention?*

#### 2. PROBLEM OVERVIEW:

#### ***SELF-CHECK – Have you:***

- Described the problem being addressed and why it's important?*
- Used data to frame the problem, including health burden and economic costs?*
- Specified the affected population(s)?*

**3. PROGRAM/ACTIVITY DESCRIPTION:**

***SELF-CHECK – Have you:***

- Identified who was involved, including your partners?*
- Described the program/activity that was implemented, including where and when it took place and how it addressed the problem?*
- Identified the target audience of the program/activity?*
- Described how the progress of the program/activity is evaluated?*
- Stated how your grant support contributed to the program/activity?*

**4. PROGRAM/ACTIVITY OUTCOMES:**

***SELF-CHECK – Have you:***

- Identified the short-term or intermediate outcomes that demonstrate how the program/activity addressed the problem?*
- Provided a conclusion to the success story that avoids using broad, sweeping statements?*

**5. STORY ABSTRACT:**

***SELF-CHECK – Have you:***

- Summarized the problem, program/activity, and outcomes?*

**6. CHECK IF ANY OF THE FOLLOWING ARE BEING SUBMITTED TO COMPLEMENT YOUR STORY:**

- Testimonials
- Quote from Partner/Participant
- Sample of Materials Produced
- Press Release
- Promotional Materials
- Photo(s) of Project
- Video/Audio Clip
- Other (Explain: \_\_\_\_\_)

**7. CONTACT INFORMATION**

NAME:  
TITLE:  
ORGANIZATION:  
PHONE:  
E-MAIL:

NAME:  
TITLE:  
ORGANIZATION:  
PHONE:  
E-MAIL:

**8. DOES OAH HAVE PERMISSION TO SHARE THIS SUCCESS STORY?**

- Yes
- No

**9. DATE STORY SUBMITTED:**

**10. OAH PROJECT OFFICER:**

**11. Overall Style Reminders**

- Keep paragraphs short – no more than 5-6 sentences.
- Keep story to no more than two pages.
- Stick to the facts. Do not interject an opinion unless you attribute it to someone.
- Avoid using passive voice (e.g., “Trainings were provided.”). Use active voice (e.g., “X partner provided Y trainings.”), and be clear about who is doing the action in every sentence.
- Include direct quotes if they strengthen the story.
- Limit use of acronyms. If you use acronyms, spell them out on first mention.
- Use plain language.
- Avoid jargon. Readers often skip over terms they don’t understand, hoping to get their meaning from the rest of the sentence.
- Keep messages simple and concise.
- Avoid broad, sweeping statements (e.g., “There was a noticeable increase in healthy eating habits” or “A significant amount of money was saved”).

## EXHIBIT H: FINANCIAL STATUS REPORT GUIDANCE

### How to Complete the Annual Financial Status Report (Standard Form - SF-269)

#### 1. Which Financial Status Report Form Do I Use?

There are two different Financial Status Report forms. Unless otherwise specified, the SF-269A (Short Form) is the default form.

SF-269 A -(Short Form) -Most commonly used form; allows for reporting both advances and reimbursements

SF-269 (Long Form) - Used to report program income

#### 2. When Is My Financial Status Report Due?

As specified within the year one Notice of Grant Award, the Financial Status Reports are due no later than 90 days after the end of the annual budget period. (September 1, 2010 thru August 31, 2011. **\*\*Due no later than November 30, 2011.**

#### 3. How to Fill Out the SF-269A?

Begin by downloading a PDF version of the SF- 269A at:

<http://www.whitehouse.gov/omb/grants/sf269a.pdf>

To take advantage of some of the features, including auto-calculations, be sure you have the latest version of Adobe Reader, which you can download for free at

<http://www.adobe.com/products/acrobat/readstep2.html>

FINANCIAL STATUS REPORT (Short Form) (Follow instructions on the back)			
1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency <b>1</b>	OMB Approval No. 0348-0038	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code)			
4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <b>2</b>
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>3</b>	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year) <b>4</b>	To: (Month, Day, Year)

In example above

1. Insert your Grant/Agreement number just as listed within box four (4) of your Notice of Grant Award.

2. Select Cash or Accrual - Most grantees are reporting on a cash basis. Your financial manager will know if you're reporting on an accrual basis.
3. The funding period is the entire duration of your grant/agreement.
4. The Budget period covered for this report should be listed From: 09/01/2010 To: 08/31/2011.

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	1	4	0.00
b. Recipient share of outlays	2	5	0
c. Federal share of outlays	3	6	7
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share(Sum of lines c and f)			8 0.00
h. Total Federal funds authorized for this funding period			9
i. Unobligated balance of Federal funds(Line h minus line g)			10

1, 2 and 3 are not required during this reporting period.

4. *Total Outlays* - The cumulative amount spent as of the beginning of the year being reported on (this box should equal the total of boxes 2 & 3 below).

5. *Recipient Share* - Cost share contributed as of the beginning of the year being reported on.

6. *Federal Share* - Funds expended as of the beginning of the year reported on.

7. *Federal Share/Cumulative* – Total funds that have been expended as of the end of the year being reported on.

8. *Total Federal Share* -Total funds that have been expended as of the end of the year being reported.

9. *Federal Funds Authorized* - Total amount of federal funds that have been awarded to date under this grant

10. *Unobligated Balance*—Total remaining unobligated funds.

\*If indirect rate reimbursement has been requested, the bottom portion of the FSR must be completed and signature by the Chief Financial Officer or account required.