

OFFICE OF ADOLESCENT HEALTH

GUIDANCE FOR PREPARING AN ANNUAL PROGRESS REPORT



September 2013

OAH 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	4
I. Table of Contents	4
II. Annual Progress Report	
a. Twelve-Month Progress Report for Current Budget Period	5
b. Success Stories	6
III. Performance Measures	6
IV. Evaluation Progress Update (<i>TPP Tier 1 C/D & Tier 2 Grantees Only</i>)	17
V. Evaluation Progress Update (<i>TPP Tier 1 A/B Grantees only</i>)	20
VI. Federal Financial Report	20
VII. Appendices	21
PART FOUR: EXHIBIT INFORMATION AND SAMPLE FORMAT	22
EXHIBIT A. TWELVE-MONTH PROGRESS REPORT TEMPLATE	23
EXHIBIT B. TWELVE-MONTH PROGRESS REPORT EXAMPLE	25
EXHIBIT C. ANNUAL PROGRESS REPORT CHECKLIST FOR TEEN PREGNANCY PREVENTION GRANTEEES	26
EXHIBIT D. SAMPLE FLOW CHARTS FOR SAMPLE INTAKE DATA FOR TPP GRANTEEES	28
EXHIBIT E. EXAMPLE FLOW CHARTS FOR SAMPLE INTAKE DATA	30
EXHIBIT F. SAMPLE EXCEL WORKSHEETS FOR BASELINE EQUIVALENCE DATA FOR TPP GRANTEEES	33
EXHIBIT G. EXAMPLE EXCEL WORKSHEET FOR BASELINE EQUIVALENCE DATA	35
EXHIBIT H. SUCCESS STORY TEMPLATE	37

Office of Adolescent Health
GUIDANCE FOR PREPARING AN ANNUAL PROGRESS REPORT

PART ONE: GENERAL INSTRUCTIONS

Eligibility

This document provides guidance on the preparation of an annual progress report and federal financial report for OAH grantees.

Purpose

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

- Report on the progress of the project during the recently completed budget period.
- Provide a statement of expenditures associated with the grant during 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 federal financial 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 and all supporting documents must be received no later than **Friday, November 29, 2013**.

Electronic Submission (required)

The annual progress report, including all required documents, should be submitted to OAH and OGM electronically through Grantsolutions.gov. All required reporting documents should be submitted and uploaded within the Grant Notes section of “My Grants” for access by the assigned OAH Project Officer and OGM Grants Management Specialist. Grantees should include the grant number on all submissions. All materials must be submitted by **Friday, November 29, 2013 at 11:00 p.m. Eastern Standard Time**.

The federal financial report is now required to be submitted electronically only through GrantSolutions using the FFR Reporting Module. You must submit the federal financial report by December 29, 2013.

PART THREE: ANNUAL PROGRESS REPORT CONTENT

The annual progress report should include:

- Table of contents
- Twelve-month progress report that includes a detailed summary of the status of planned activities for the recently completed budget year
- Evaluation progress update
- One or more success stories from the recently completed budget period
- Additional materials in the appendices

The contents of the report should be properly labeled and numbered. Content should be concise, 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 the report is complete.

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, 2012 – August 31, 2013).

The progress report is a mechanism through which grantees can detail their accomplishments and activities over the past year. The report should add to the six-month progress report submitted with the continuation application in May and include a summary of progress for the entire 12-month project period. 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 activity should include supportive statements. Descriptions supporting the accomplishment of the 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 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.

Exhibit C provides a checklist of key information that should be included in your progress report. 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.

II. b. SUCCESS STORIES

Grantees should 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.

Exhibit H includes a template that can be used to help you write your success story. In addition, several examples of TPP grantee success stories are available on the OAH TPP Resource Center at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/successes/.

Also, CDC's Division of Adolescent and School Health developed a resource guide entitled *How to Develop a Success Story* that may be helpful and is available at http://www.cdc.gov/healthyyouth/stories/pdf/howto_create_success_story.pdf.

III. TPP PERFORMANCE MEASURE REPORTING

All TPP grantees are required to submit their performance measure data for the period from March 1, 2013 to August 31, 2013 at the same time as the annual progress report for year 3.

A summary of all of the measures is provided below. Data are to be reported by grantees and their evaluators using the TPP Performance Measures Website (<https://tpp.rti.org/>). Data will be entered using one of two options:

- Option 1: Reporting raw data directly into the web system,
- Option 2: Uploading raw data by means of spreadsheets using pre-defined variables

Performance Measures Website

The TPP Performance Measures Website is located at <https://tpp.rti.org/>. **Detailed instructions for reporting performance measures are provided in the TPP Performance Measures Manual.** Links to the manual and recordings and transcripts of webinar trainings are located on the home page of the website as well as on the resources page. You can also access recordings of the performance measures webinars through the OAH website.

A Help Desk is also available if additional assistance is needed. To contact the Help Desk, click on the Help Desk tab at the top of the TPP/PREIS Performance Measures Website (after logging on), and you will be able to contact our webmaster regarding your issue. When reporting your problem, please be as descriptive as possible by including the page on which the problem was encountered as well as steps that could be used to replicate the issue. In addition, please provide the name of your grantee organization along with your name and email address and telephone number.

Performance Measures

Performance Measures Data Required From All Grantees - Grantee-level measures

Construct	Questionnaire item (asked of grantees)	Source
Reach		Information derived from participant data that grantees enter or upload into the system
# of youth served	<ul style="list-style-type: none"> • How many youth (classified by demographic characteristics) participated in your program for at least one activity during the reporting period? 	
# of parents and other clients served	<ul style="list-style-type: none"> • How many other types of clients (e.g., parents or guardians, other family members, etc.) participated in your program for at least one activity during the reporting period? 	
Partners	Note that these questions have been revised as per the September 2013 email from RTI	Data entered into the TPP database
# of partners	<p>Formal partners are organizations (e.g., schools) with whom the grantee has an MOU, contract or other formal written agreement in place to provide services or other contributions relevant to the TPP program.</p> <p>During the current reporting period:</p> <ol style="list-style-type: none"> 1. How many formal partners were you working with, as of the end of the reporting period? 2. How many of these formal partners were new for this reporting period? 	

Construct	Questionnaire item (asked of grantees)	Source
	<p>3. How many formal partners did you lose during this reporting period?</p> <p>Since the beginning of the project:</p> <ol style="list-style-type: none"> 1. What is the total number of formal partners you have had since the beginning of the project? 2. How many formal partners have you lost since the beginning of the project? <p>Informal partners are organizations with whom the grantee does not have a formal written agreement in place.</p> <p>During the current reporting period:</p> <ol style="list-style-type: none"> 1. How many informal partners were you working with, as of the end of the reporting period? 2. How many of these informal partners were new for this reporting period? 3. How many informal partners did you lose during this reporting period? <p>Since the beginning of the project:</p> <ol style="list-style-type: none"> 1. What is the total number of informal partners you have had since the beginning of the project? 2. How many informal partners have you lost since the beginning of the project? 	

Construct	Questionnaire item (asked of grantees)	Source
Training		Data entered into the TPP database
	<ul style="list-style-type: none"> • During the reporting period, how many new intervention facilitators (including teachers) have you or one of your partners trained? Please include only training provided to new facilitators. • In the reporting period, how many intervention facilitators (including teachers) have you or one of your partners given follow-up training? 	
Dissemination		Data entered into the TPP database
Manuscripts published	<ul style="list-style-type: none"> • How many manuscripts have been accepted for publication but not yet published or published in a peer-reviewed journal during the reporting period? Do not include manuscripts previously reported as published. • Please list the references for any published manuscripts published in reporting period. 	
Manuscripts submitted for publication	<ul style="list-style-type: none"> • How many manuscripts have been submitted to a peer-reviewed journal for publication in the reporting period? Do not include manuscripts previously reported as submitted or published. 	
Presentations	<ul style="list-style-type: none"> • How many presentations were made at each of the following levels in the reporting period: <ul style="list-style-type: none"> ○ National ____ ○ Regional ____ ○ State ____ • Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made) 	

Construct	Questionnaire item (asked of grantees)	Source
Packaging of Tier 2/PREIS programs for replication	<ul style="list-style-type: none"> • Please indicate which of the following have been completed and approved: <ul style="list-style-type: none"> ○ Logic model ○ Core components ○ Fidelity monitoring tools ○ Curriculum manual ○ Facilitator manual ○ Training materials ○ Adaptation Guidance 	
Dosage		Items derived from participant attendance data
Dosage	<ul style="list-style-type: none"> • What is the mean and median % of program services received by youth (as a whole and subdivided by age and gender) in the reporting period? • What is the mean and median % of program services received by other participants (if applicable) in the reporting period? • What % of youth (as a whole and subdivided by age and gender) received at least 75% of the program in the reporting period? • What % of other participants received at least 75% of the program in the reporting period? 	

Construct	Questionnaire item (asked of grantees)	Source
Fidelity*		
Adherence to program-specified activities (based on facilitator self-assessment)	Items derived from session based fidelity data: <ul style="list-style-type: none"> • For what percentage of completed sessions is there a completed fidelity monitoring log from the facilitator? • Using all of the facilitator completed fidelity monitoring logs (i.e., across all cohorts, sections, and sessions), what is the mean and median percentage of activities completed? 	Facilitator fidelity logs
Adherence to program-specified activities (based on observation)	Items derived from session based fidelity data: <ul style="list-style-type: none"> • Across all sessions, what are the mean and median percentages of activities completed, by observation? • Across all sessions, what are the minimum and maximum percentages of activities completed, by observation? 	Observer fidelity logs
Quality of implementation (based on observation)	Items derived from session based fidelity data <ul style="list-style-type: none"> • Averaging over all scored questions on the TPP Program Observation Form, what percentage of sessions received ratings ≥ 4 for quality? 	Observer quality form
Adherence to program-specified # of sessions	<ul style="list-style-type: none"> • Across cohorts, what are the mean and median percentages of total sessions implemented? 	Observer quality form
System in place to ensure fidelity	Items derived from the TPP Fidelity Process Report <ul style="list-style-type: none"> • What is the score on the 11-item TPP Fidelity Process Report? 	Fidelity Process Report form

*The first year of data collection will supply these baseline figures and remaining years will be reported as % of grantees that meet or exceed or that baseline level

Performance Measures Data Required of Grantees with Rigorous Evaluation (TPP Tier 1 C/D & Tier 2)

Behaviors and Intentions Questions: These questions should be included on surveys for all youth in the 7th grade and above in both arms of your study. Measures are to be reported for both treatment and control youth.

Participants are to be marked treatment or control in both data entry options.

The (next/first) questions are about sexual intercourse. By sexual intercourse we mean a male putting his penis into a female's vagina.

1. Have you ever had sexual intercourse? (yes/no)

2. Now please think about the past 3 months. In the past 3 months, have you had sexual intercourse, even once? (yes/no)

3. (If yes) In the past 3 months, how many times have you had sexual intercourse? (# of times)

4. To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born? (Yes/no)

5. (If yes) To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant? (#)

6. In the past 3 months have you had sexual intercourse without you or your partner using a condom? (yes/no)

7. (If yes) In the past 3 months, how many times have you had sexual intercourse without using a condom? (# of times)

8. In the past 3 months, have you had sexual intercourse with you or your partner using any of these methods of birth control? (yes/no)
 - Condoms
 - Birth control pills
 - The shot (Depo Provera)
 - The patch
 - The ring (NuvaRing)
 - IUD (Mirena or Paragard)
 - Implant (Implanon)

9. (If yes) In the past 3 months, how many times have you had sexual intercourse without using any of these methods of birth control? (# of times)
10. Do you intend to have sexual intercourse in the next year, if you have the chance?
- Yes, definitely
 - Yes, probably
 - No, probably not
 - No, definitely not
11. If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) a condom?
- Yes, definitely
 - Yes, probably
 - No, probably not
 - No, definitely not
12. If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) any of these methods of birth control?
- Condoms
 - Birth control pills
 - The shot (Depo Provera),
 - The patch,
 - The ring (NuvaRing)
 - IUD (Mirena or Paragard)
 - Implant (Implanon)
- Yes, definitely
 - Yes, probably
 - No, probably not
 - No, definitely not

For the next few questions, please think about [NAME OF PROGRAM] and how it may have influenced you. You may not have thought about these situations before, but please still answer the questions. Think about what you would do and answer as best you can.

13. Would you say that being in [NAME OF PROGRAM] has made you more likely or less likely to have sexual intercourse in the next year?
- Much more likely
 - More likely
 - About the same
 - Less likely
 - Much less likely
14. If you were to have sexual intercourse in the next year, would you say that being in [NAME OF PROGRAM] has made you more likely or less likely to use (or ask your partner to use) a condom?
- Much more likely
 - More likely
 - About the same
 - Less likely
 - Much less likely
15. If you were to have sexual intercourse in the next year, would you say that being in [NAME OF PROGRAM] has made you more likely or less likely to use (or ask your partner to use) any of these methods of birth control?
- Condoms
 - Birth control pills
 - The shot (Depo Provera)
 - The patch
 - The ring (NuvaRing)
 - IUD (Mirena or Paragard)
 - Implant (Implanon)
- Much more likely
 - More likely
 - About the same

Less likely

Much less likely

16. Would you say that being in [NAME OF PROGRAM] has made you more likely or less likely to abstain from sexual intercourse in the next year (abstaining means choosing not to have sex)?

Much more likely

More likely

About the same

Less likely

IV. EVALUATION PROGRESS REPORTING

** 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. 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. For this report, please provide the most recent information available by the time you submit the report.

Please update your reporting with the most recent information available. Update your CONSORT diagram with additional baseline and/or follow-up data collected and reassess equivalence of the sample of youth with baseline data, as well as assess the equivalence of the sample with follow-up data.

Included below is a description of the items requested regarding sample intake and sample equivalence. **Exhibits D and E** include template and example flow charts, respectively, that can be used to report sample intake. **Exhibits F and G** include template and example spreadsheets, respectively, 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).
- 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 nonparticipation of clusters.
- 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*

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).

You should provide this information pooled across cohorts, even if some cohorts are incomplete. 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). Template flow charts are provided in **Exhibit D**. You should customize the flow charts to reflect your research design. For cluster-level assignment, please provide the information requested in *both* charts.

Importantly, when completing the CONSORT diagrams, it is expected that the sample sizes for each box are complete and allow a reader to follow the flow of study participants from the time of random assignment through each data collection time point (baseline, first follow-up, second follow-up, etc.). Three example CONSORT diagrams have been included in **Exhibit E** (two for a cluster RCT design – the first for clusters and the second for the youth in that study -- and one for an individual RCT design) to illustrate the types of information that would be helpful for the review. Please note that in both of these diagrams, the number of

clusters/individuals described at each data collection event can be mapped directly back to the number of clusters/individuals randomly assigned to condition.

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 1) the sample of youth with baseline data and 2) the sample of youth with follow-up data. For instance, if you have completed baseline and first follow-up data collection for your first cohort, please provide two baseline equivalence tables. The first table should assess baseline equivalence for the entire sample of youth with baseline data. The second table should assess baseline equivalence for the sample for which you have first follow-up data.

For randomized controlled trials, assessing baseline equivalence 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, unadjusted means, and standard deviations for the demographic measures and the OAH behavioral performance measures you collected at baseline for 1) the sample with baseline data and 2) the sample with outcome data. If you have outcome data for two follow-ups, please include an equivalence table for each follow-up, using the respective sample with outcome data in each follow-up.

In **Exhibit F**, we present an excel worksheet you can use to assess baseline equivalence. In **Exhibit G** we present a completed example. The excel workbook containing both of those tabs (template and example) is available on the [Eval TA SharePoint website](#). The 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.

When using the excel spreadsheet, enter data in the yellow highlighted areas only. It is unnecessary to enter any data into the grey cells (there will be a large “X” in cells that do not require data entry). Sometimes you will enter only means (for binary variables), sometimes you will enter means and standard deviations (for continuous variables), and sometimes you will enter counts (for race). When entering means for binary variables, please make sure they are entered with decimals (i.e. 0.05, not 5) or statistical tests will not be calculated correctly. The table shell has separate constructs for race and ethnicity to align with the performance

measures data request and minimize the data processing burden of this request. However, if you wish to present a combined race-ethnicity measure and/or collapse racial-ethnic categories that have small sample sizes as you would in your analysis, you should feel free to do that. You should then re-label the categories in the excel file to line up with your analyses.

NOTE: we want to assess equivalence between the treatment and control groups for the full analytic sample, not just the subset with responses to a particular question. Therefore, for all behavioral measures except ever had sexual intercourse (which is already a full sample measure), please impute responses for respondents who skipped out of those questions. For instance, respondents who reported never having sexual intercourse should be imputed as never having been pregnant or gotten someone pregnant, never having had sex in the past three months, never having had sex in past three months without a condom, and never having had sex in past three months with an effective method of contraception. They should also be imputed to zero in the four corresponding number of times measures so that they are represented in the means as never having had sex, etc. The corresponding sample sizes for all of the behavioral measures should be the full analytic sample, minus any item non-response not due to skip patterns.

See **Exhibits D and E** for Template and Example Flow Charts for presenting sample intake data.

See **Exhibit F and G** for Template and Example Excel Worksheets for presenting baseline equivalence data.

IV. EVALUATION PROGRESS REPORTING

** Should be completed only by TPP Tier 1 A/B grantees*

Range A/B grantees conducting their own evaluations are encouraged to document their evaluations and submit information on its progress in their annual progress report. Data collected should demonstrate progress on grantees achieving their program outcomes and goals outside of the OAH performance measures. Grantees can include their evaluation updates within their work plan or as a separate, brief narrative.

Descriptions for the following can be included in the update:

- Methods for collecting data (e.g. pre/post surveys, focus groups)
- Incentives provided to students for participating in evaluation/program activities
- Output data (e.g. number of students served, dosage, frequency, size of group(s), etc.)
- Quality of services (e.g. student surveys of teacher/facilitator performance, additional observations outside of OAH requirements, etc.)
- Recommendations for adaptations or other program changes for the future
- Conclusions

V. FEDERAL FINANCIAL REPORT

A Federal Financial Report, Standard Form 425 (SF-425), must be submitted on the annual reporting period no later than December 29, 2013. The instructions for completion are available at http://www.whitehouse.gov/omb/grants_forms. Hard copy submissions are no longer accepted by the OASH Office of Grants Management. Reports are now required to be submitted electronically only through GrantSolutions using the FFR Reporting Module. Instructions for completing the FFR in GrantSolutions are available at http://www.hhs.gov/ash/oah/oah-initiatives/for-grantees/program-guidance/Assets/grantee_federal_fin_rpt_guidance.pdf.

VII. 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. PROGRESS REPORT TEMPLATE

EXHIBIT B. EXAMPLE TWELVE-MONTH PROGRESS REPORT

EXHIBIT C. TPP ANNUAL PROGRESS REPORT CHECKLIST

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

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

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

EXHIBIT G. EXAMPLE EXCEL WORKSHEET FOR BASELINE EQUIVALENCE DATA
(TPP Tier 1 C/D and Tier 2 only)

EXHIBIT H. SUCCESS STORY TEMPLATE

EXHIBIT A – Example Twelve-Month Progress Report Template

Name of Grantee

Grant #:

September 1, 2012 – August 31, 2013

Goal:			
Objective:	In Progress	Met	Unmet
Activity:	In Progress	Provide a description of the accomplishments, barriers encountered, populations served and the collaborative partners involved in working toward the activity. Document any outcomes that are a result of your grant-funded activity. Provide a justification for any activities that are still in progress or were not met.	
	Met		
	Unmet		
Activity:	In Progress	Provide a description of the accomplishments, barriers encountered, populations served and the collaborative partners involved in working toward the activity. Document any outcomes that are a result of your grant-funded activity. Provide a justification for any activities that are still in progress or were not met.	
	Met		
	Unmet		
Activity:	In Progress	Provide a description of the accomplishments, barriers encountered, populations served and the collaborative partners involved in working toward the activity. Document any outcomes that are a result of your grant-funded activity. Provide a justification for any activities that are still in progress or were not met.	
	Met		
	Unmet		

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.

Additional Barriers, Challenges, and Solutions

Report on any additional barriers, challenges, or innovative solutions not previously captured in the annual progress report. Provide a discussion on each barrier or challenge and any solutions that were identified or are being considered. Include barriers and challenges related to performance measure data (e.g., unable to observe the necessary 10% of sessions implemented), as appropriate.

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

Grantee X; Grant #:xxxxx

September 1, 2012 – August 31, 2013

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

Objective: By August 31, 2013 ensure all facilitators are trained in the xxx evidence-based program model.	Met	
Activity: Identify and secure a trainer to conduct training on xxx evidence-based program.	Met	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.
Activity: Conduct four, 3-day trainings in the xxx evidence-based program for program facilitators.	Met	Training dates and locations for four 3-day trainings were secured: <ol style="list-style-type: none">1. March 22-24, 2012 at the xxx community organization in City2. April 14-16, 2012 at the xxx community organization in City3. May 2-4, 2012 at the xxx community organization in City4. May 20-22, 2012 at the xxx community organization in City <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: PROGRESS REPORT CHECKLIST FOR TPP GRANTEES

Instructions:

The content for this checklist is based on information noted in the Funding Opportunity Announcement (FOA) and is not meant to be exhaustive of everything that a grantee will want to include in its progress report. A grantee's progress report should describe the progress for the grantee's overall program and may include objectives and activities in addition to those outlined in the checklist below.

- Thorough narrative description on the status (met, ongoing, or unmet) of each objective and activity in the current year's work plan
 - Narrative description of work done during the reporting period toward accomplishing the planned activities
 - Description of any barriers encountered and how the barriers have been addressed during the reporting period
 - If applicable describe why any goals or objectives were not met and the assistance needed to resolve the situation

- Status of program implementation during the reporting period
 - Description of efforts to monitor fidelity of the program at all sites during the reporting period
 - Description of the number of sessions completed and number of youth served
 - Description of recruitment of program participants with discussion of successes, challenges/barriers; and how these challenges/barriers were addressed.
 - Description of retention efforts of program participants with discussion of successes, challenges and barriers; and how these challenges/barriers were addressed.
 - Activities to ensure all materials are medically accurate
 - Description of activities to market the program
 - Description of activities to build, enhance, and retain partnerships to support the program
 - Description of training and professional development opportunities for partners and/or facilitators
 - Description of dissemination efforts about the program through presentations or publications
 - Documentation of the program model (*Tier 2 only*) – status of developing core components, logic model, curriculum manual, training manual, adaptation guidance

- Status of project management activities including:
 - Description of staff recruitment and retention efforts
 - Description of staff training and professional development

- Description of activities implemented to monitor implementation partners and/or contractors

- Progress on evaluation activities, including participation in the Federal evaluation, if applicable
 - Extent to which evaluation activities are consistent with approved evaluation plan (Tier 1 C/D & Tier 2 Grantees)

- Description of activities focused on program sustainability
- Report on any other significant project activities, accomplishments, setbacks or modifications that have occurred during the reporting period and were not part of the current work plan.
 - Request for any new adaptations or add on activities
 - Changes in key staff
 - Change in scope of the project
- Thorough narrative description on the status of each objective and activity
- Work plan goals, objectives, and activities are aligned and written in SMART format
- Status of project management activities including:
 - Recruitment and retention of staff
 - Staff training and professional development
 - Monitoring of implementation partners
 - Monitoring of contractors
- Progress related to:
 - Recruitment of program participants
 - Retention of program participants
 - Activities to ensure all materials are medically accurate
 - Activities to monitor implementation with fidelity
 - Collection and reporting on performance measure data
 - Marketing the program
 - Building and enhancing partnerships to support the program
 - Provision of training and professional development for partners and/or facilitators
 - Dissemination of information about the program through presentations or publications
 - Documentation of the program model (***Tier 2 only***) – core components, logic model, curriculum manual, training manual, adaptation guidance
- Status of program implementation in each site
 - Implementation of program with fidelity
 - Fidelity monitoring
- Status of any approved adaptations and add-on activities
- Results of the program pilot (***if applicable and not previously reported***)
 - 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
- Progress on evaluation activities
 - Consistent with approved evaluation plan
- Participation in the Federal evaluation (***if applicable***)
- Description of any activities focused on program sustainability
- Description of any other significant activities, accomplishments, setbacks, or modifications that have impacted the program but may not have been included in the initial work plan

EXHIBIT D - TEMPLATE FLOW CHARTS FOR SAMPLE INTAKE DATA

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.

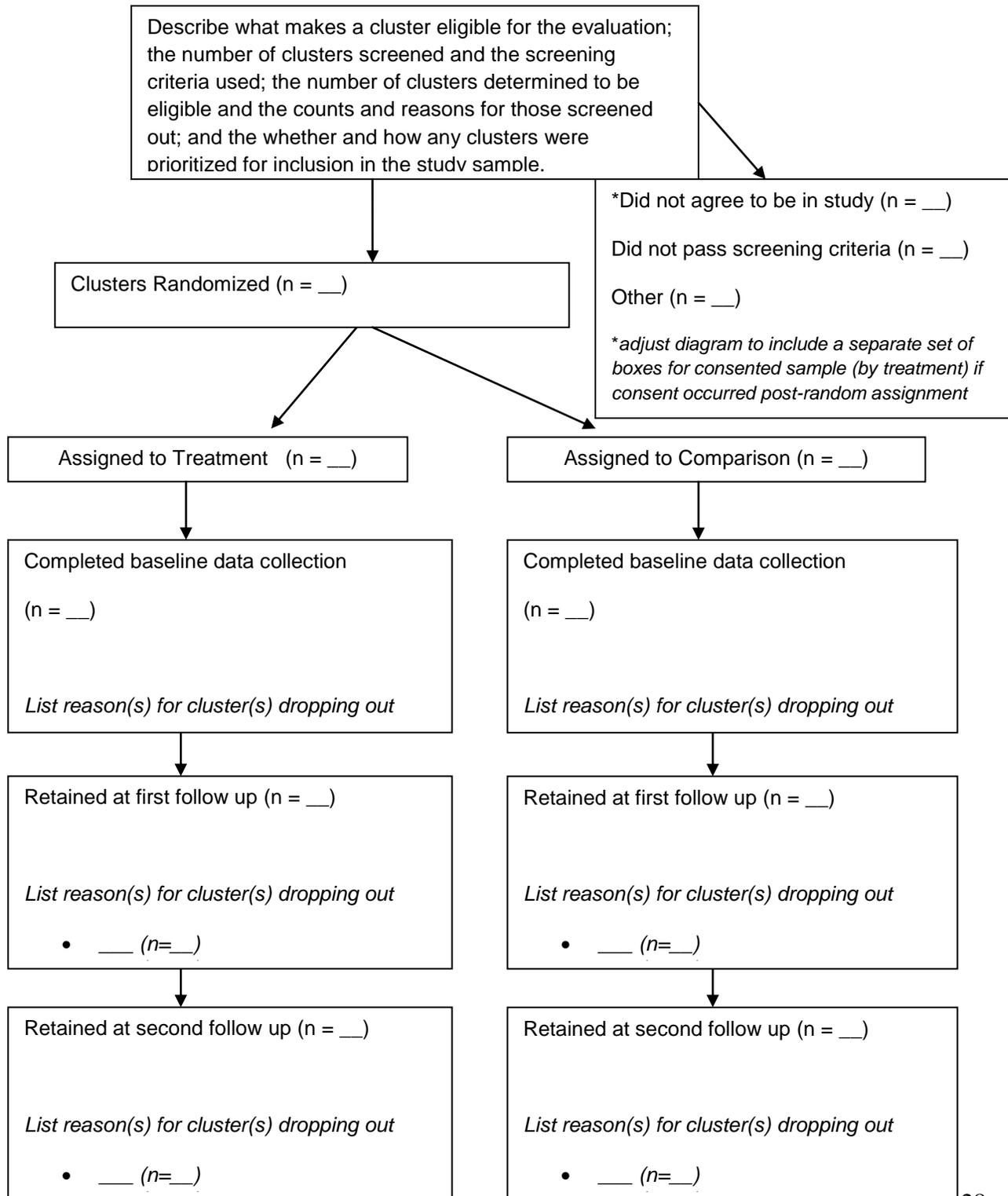


EXHIBIT D - TEMPLATE FLOW CHARTS FOR SAMPLE INTAKE DATA

CONSORT Diagram for Youth

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

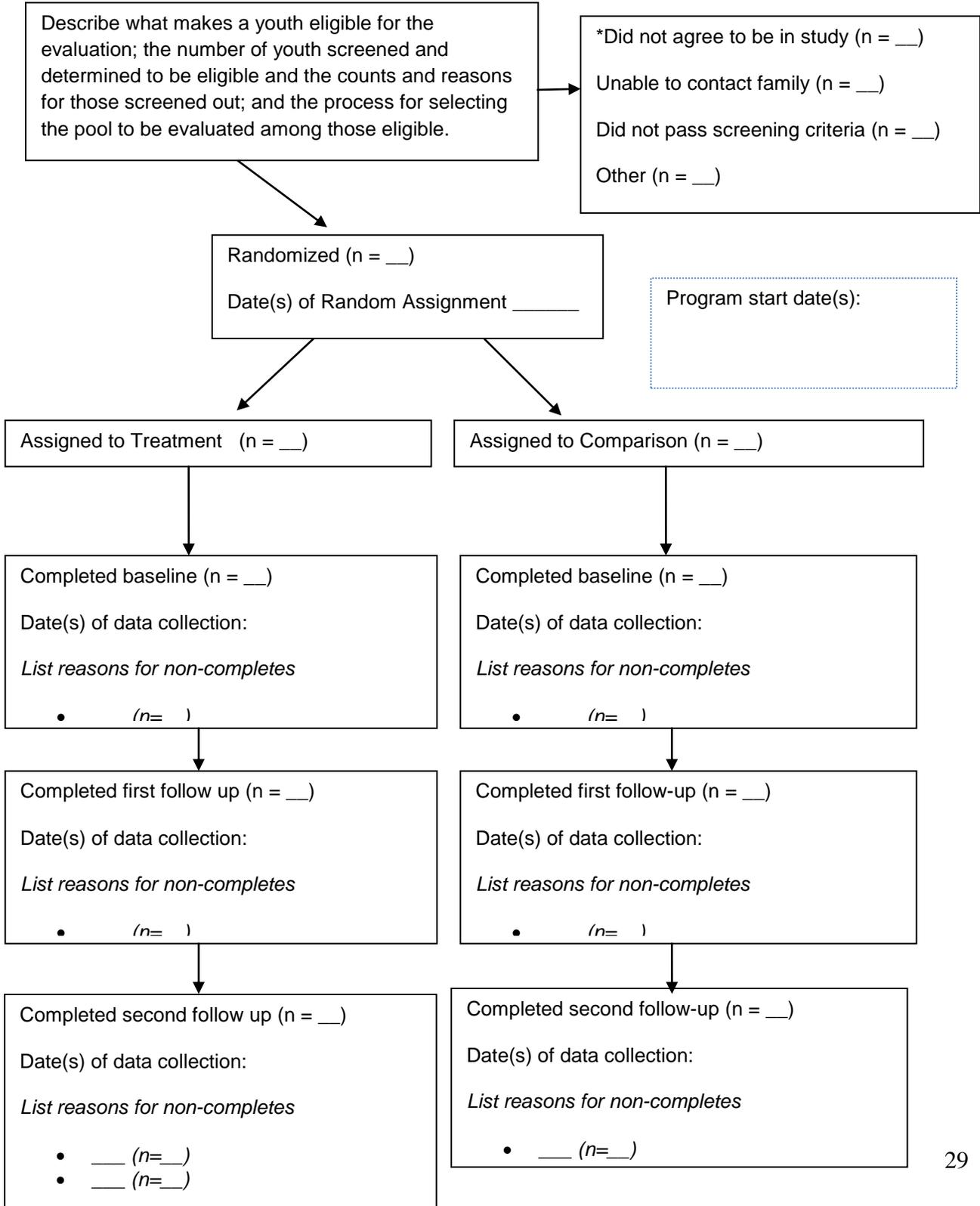


EXHIBIT E - EXAMPLE FLOW CHARTS FOR SAMPLE INTAKE DATA

CONSORT Diagram for Clusters in a Cluster Randomized Controlled Trial

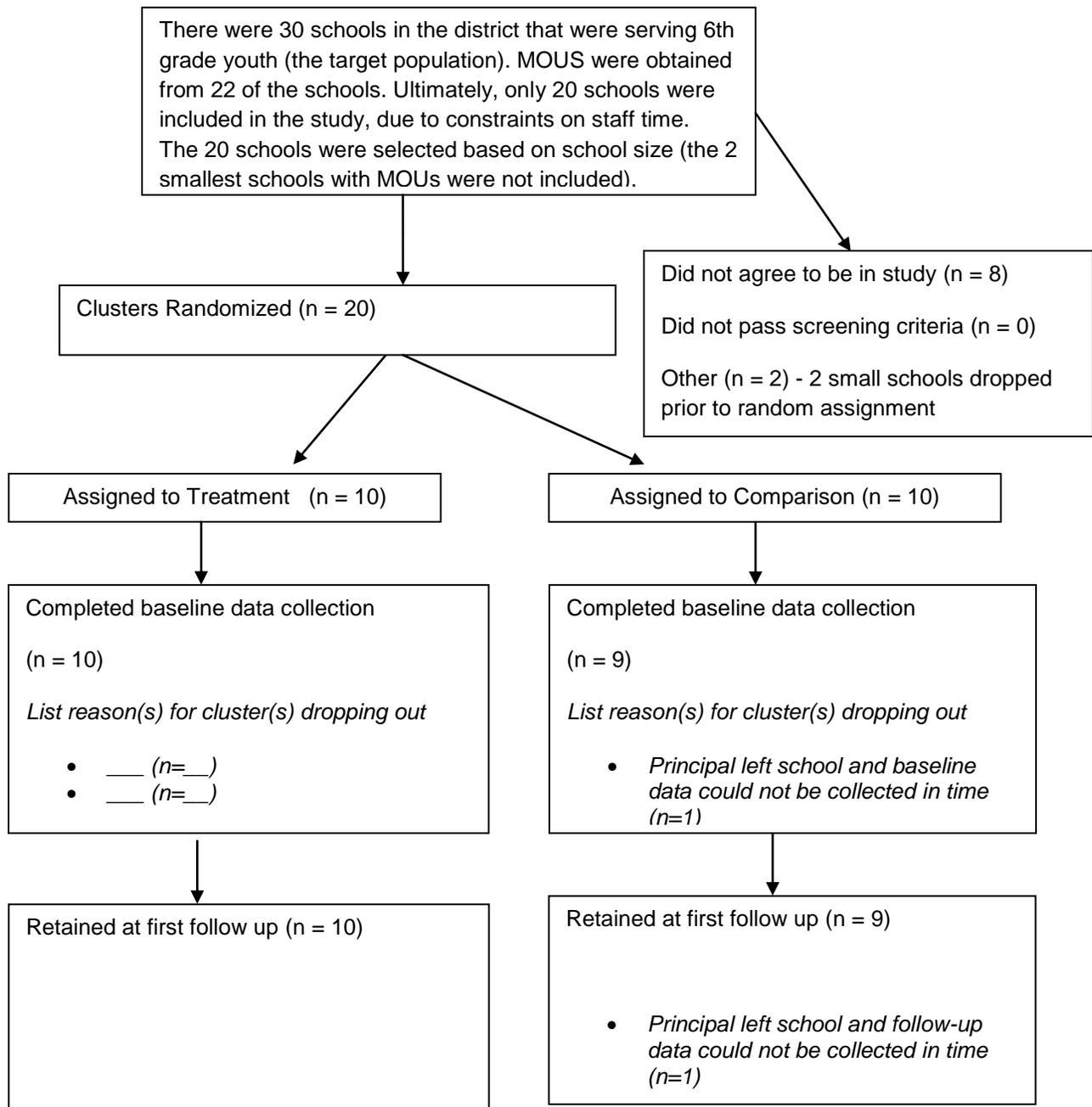


EXHIBIT E - EXAMPLE FLOW CHARTS FOR SAMPLE INTAKE DATA

CONSORT Diagram for the Youth in the Clustered Randomized Controlled Trial Presented on the Prior Page

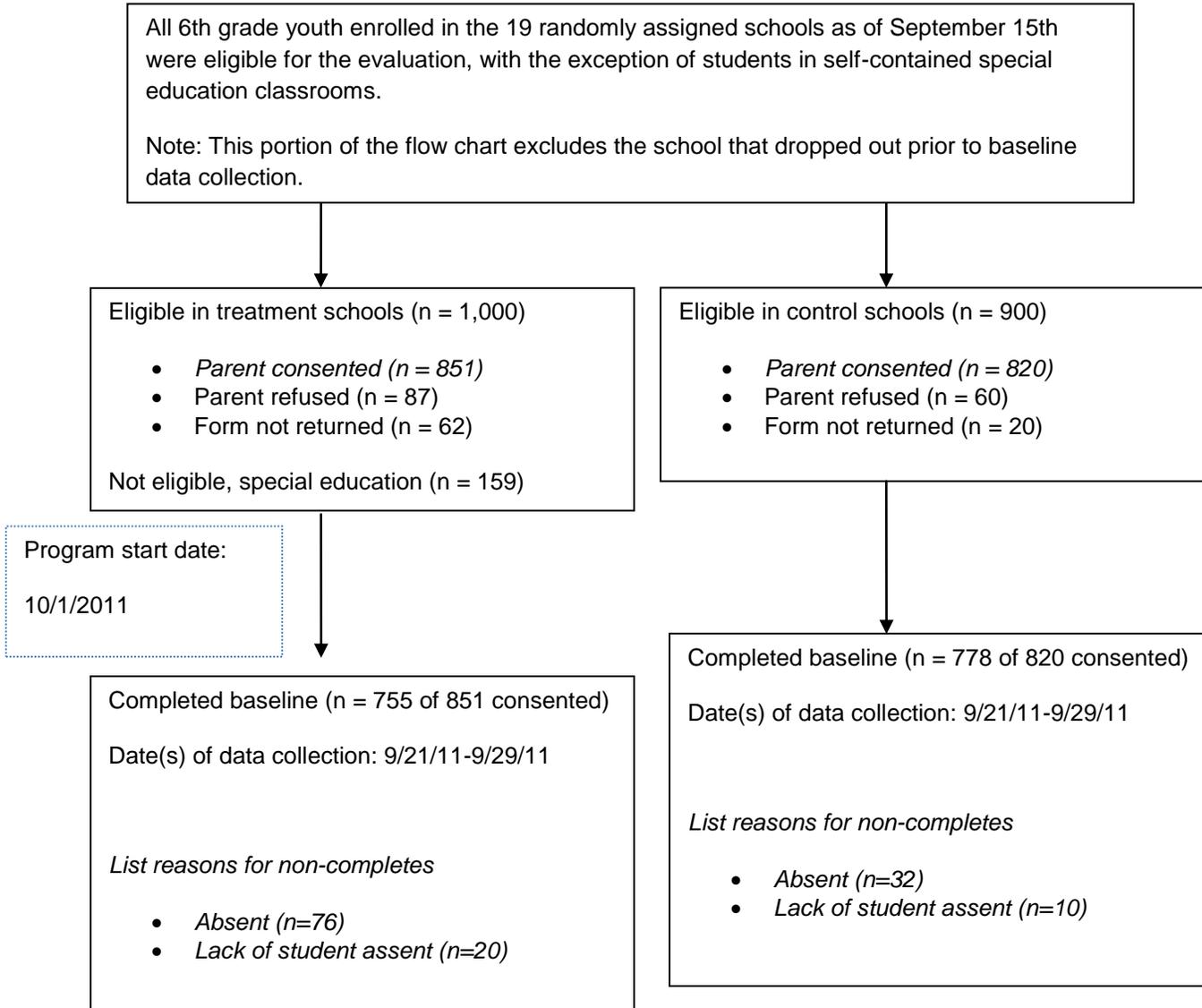


EXHIBIT E - EXAMPLE FLOW CHART FOR SAMPLE INTAKE

CONSORT Diagram for Youth in a Design in Which Youth Were Randomly Assigned

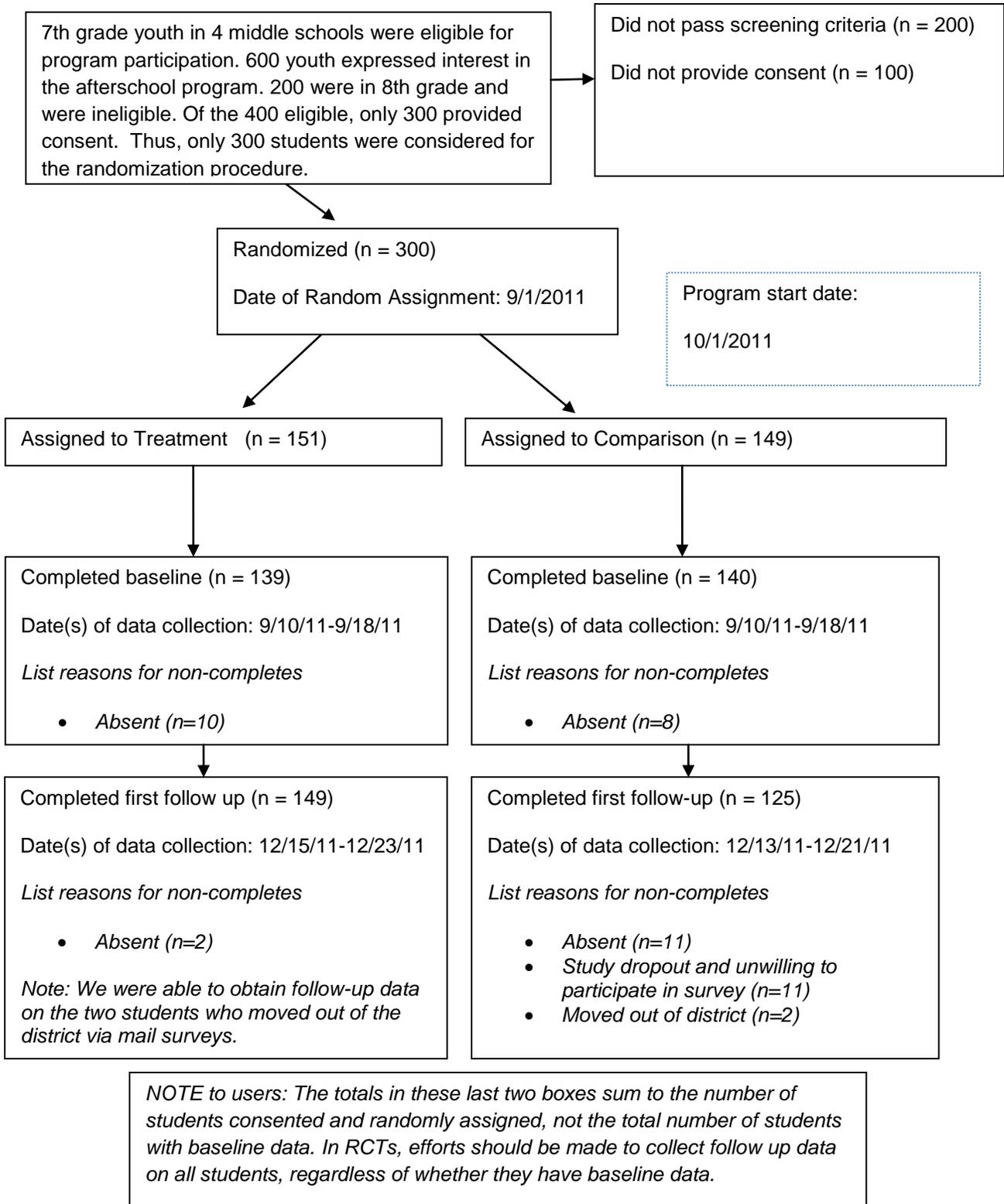


EXHIBIT F: TEMPLATE EXCEL WORKSHEET FOR BASELINE EQUIVALENCE DATA

	Treatment Group			Comparison Group			Group differences			
	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)	p-value adjusted for clustering at level of random assignment, if applicable (calculated by the evaluator)
Characteristics at BASELINE										
<u>OAH behavioral performance measures</u>										
Ever had sexual intercourse (%)										
Gotten someone pregnant or been pregnant (%) ²										
Number of times (mean)										
Sexual intercourse in prior 3 months (%) ²										
Number of times (mean)										
Sexual intercourse in prior 3 months without using condom (%) ³										
Number of times (mean)										
Sexual intercourse in prior 3 months without using effective contraception (%) ³										
Number of times (mean)										
Notes: Please enter data in the yellow highlighted cells only. Please convert all yes/no responses to yes = one and no = zero in your datafile.										
All binary outcomes should be entered as decimals in the spreadsheet (e.g. 45% should be entered as 0.45). For all "number of times measures," impute cases that skipped out because they had not had sex/gotten someone pregnant/etc to zero in the numerator so that the measure represents the full sample.										
¹ 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 (provided there are no rows with zero totals).										
² Impute those who have never had sex as zeroes in numerator.										
³ Impute those who did not have ever or did not have sex in prior 3 months as zeroes in numerator.										

EXHIBIT G: EXAMPLE EXCEL WORKSHEET FOR BASELINE EQUIVALENCE DATA

<i>Please indicate the sample for which you are assessing baseline equivalence:</i>						Sample with baseline data					
<u>Treatment Group</u>			<u>Comparison Group</u>			<u>Group differences</u>					
Characteristics at BASELINE	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>	p-value adjusted for clustering at level of random assignment, if applicable <i>(calculated by the evaluator)</i>	
	Demographic characteristics										
Age (in years)	12.3	1.1	150	12.4	0.9	160	0.878	308	0.3804		
Female (%)	0.5		150	0.49		160	0.176	308	0.8604		
Hispanic (%)	0.2		150	0.1		160	2.475	308	0.0139		
Race (% and counts) ¹			150			160			0.0008		
American Indian or Alaska Native			20			30					
Asian			30			40					
Black			40			60					
White			60			29					
Two or more races			0			1					

Note: We did not have any students who indicated that they were Native Hawaiian, and deleted that row as per the instructions.

EXHIBIT G: EXAMPLE EXCEL WORKSHEET FOR BASELINE EQUIVALENCE DATA

Characteristics at BASELINE	Treatment Group			Comparison Group			Group differences			
	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)	p-value adjusted for clustering at level of random assignment, if applicable (calculated by the evaluator)
<u>OAH behavioral performance measures</u>										
Ever had sexual intercourse (%)	0.03		150	0.02		160	0.565	308	0.5722	
Got someone pregnant or been pregnant (%) ²	0.01		150	0.01		160	0.000	308	1.0000	
Number of times (mean)	0.02	0.01	150	0.00	0.005	160	21.356	308	0.0000	
Sexual intercourse in prior 3 months (%) ²	0.2		150	0.15		160	1.160	308	0.2470	
Number of times (mean)	0.1	0.11	150	0.12	0.08	160	1.839	308	0.0669	
Sexual intercourse in prior 3 months without using condom (%) ³	0.10		150	0.08		160	0.616	308	0.5384	
Number of times (mean)	0.1	0.22	150	0.09	0.08	160	0.538	308	0.5908	
Sexual intercourse in prior 3 months without using effective contraception (%) ³	0.15		150	0.12		160	0.774	308	0.4397	
Number of times (mean)	0.2	0.1	150	0.3	0.2	160	5.511	308	0.0000	
Notes: Please enter data in the yellow highlighted cells only. Please convert all yes/no responses to yes = one and no = zero in your datafile.										
All binary outcomes should be entered as decimals in the spreadsheet (e.g. 45% should be entered as 0.45). For all "number of times measures," impute cases that skipped out because they had not had sex/gotten someone pregnant/etc to zero in the numerator so that the measure represents the full sample.										
¹ 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 (provided there are no rows with zero totals).										
² Impute those who have never had sex as zeroes in numerator.										
³ Impute those who did not have ever or did not have sex in prior 3 months as zeroes in numerator.										

EXHIBIT H: Success Story Template

Success Story Template for OAH Grantees

This template is intended for use by OAH Grantees to describe their OAH-funded programs/activities. In order to develop a robust and meaningful success story that OAH can share with outside stakeholders, we ask that you please fill out each section of this template completely. Please use the self-check worksheet at the end of the template to ensure that you have covered all relevant criteria in each section. Please note that OAH plans to use ALL success stories shared with the office.

1. GRANTEE NAME:

2. GRANTEE FUNDING SOURCE (E.G. TPP OR PAF) AND TIER 1 OR 2 (IF A TPP GRANTEE):

3. FOCUS AREA OF STORY:

- Program Implementation
- Collaboration/Partnership Building
- Community buy-in
- Parent Engagement
- Youth Engagement
- Other: _____

4. SUCCESS STORY TITLE:

5. PROBLEM OVERVIEW:

6. PROGRAM/ACTIVITY DESCRIPTION:

7. PROGRAM/ACTIVITY OUTCOMES:

8. CONTACT INFORMATION:

Name:

Title:

Organization:

Phone:

Email:

9. DATE STORY SUBMITTED:

10. OAH PROJECT OFFICER:

Self-Check for Developing an Effective Success Story

❖ DOES THE TITLE:

- Capture the overall message of the story?
- Include an action verb?
- Capture the reader's attention?

❖ DOES THE PROBLEM OVERVIEW:

- Describe the problem being addressed (e.g. teen pregnancy, STIs, etc.) and why it's important?
- Describe how your program/activity is designed to address the problem?
- Use data to frame the problem, including health burden and economic costs?
- Specify the affected population(s)?
- Denote the location of your grant program and where the problem took place?
- Include references for your data?

❖ DOES THE PROGRAM/ACTIVITY DESCRIPTION:

- Denote the name of your program and the purpose of your program?
- Describe the program/activity that was implemented, including where and when it took place and how it addressed the problem?
- Identify who was involved, including your partners?
- Identify the target audience of the program/activity (e.g. age, location, number impacted)?
- Describe how the progress of the program/activity is evaluated (with enough detail for another party to properly understand)?
- State how OAH support contributed to the program/activity?
- Identify the "who, what, where, when, how, and why" aspects of your success story?

❖ DO THE PROGRAM/ACTIVITY OUTCOMES:

- Describe the short-term or intermediate outcomes that demonstrate how the program/activity addressed the problem, including the use of data whenever possible?
- Clearly identify the impacts of this program or activity?
- Provide a conclusion to the success story that avoids using broad, sweeping statements?
- Include testimonials or quotes from individuals who benefited from your program, if available?

❖ **OVERALL STYLE REMINDERS**

- Edit for spelling and grammar.
- Do NOT use individual names.
- Keep the success story in third person narrative.
- Use quantitative data whenever possible.
- Ensure that references are properly cited using APA citation.
- 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”).