

Health Resources and Services Administration
Maternal and Child Health Bureau

Discretionary Grant Performance Measures

OMB No. 0915-0298
Expires: 06/30/2022

Attachment B:
Core Measures, Population Domain Measures,
Program-Specific Measures (Detail Sheets)

OMB Clearance Package

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0298. Public reporting burden for this collection of information is estimated to average 36 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

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Core Measures, Population Domain Measures, Program-Specific Measures (Detail Sheets)

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DGIS Performance Measures, Numbering by Domain	
Performance Measure	Topic
Core 1	Grant Impact
Core 2	Quality Improvement
Core 3	Health Equity
CB 4	Sustainability
CB 5	Scientific Publications
CB 6	Products

Core 1 Performance Measure	The percent of programs meeting the stated aims of their grant at the end of the current grant cycle
Goal: Grant Impact	
Level: Grantee	
Domain: Core	
GOAL	To ensure that planned grant impact was met.
MEASURE	The percent of MCHB funded projects meeting their stated objectives.
DEFINITION	Tier 1: Have you met the planned objectives as stated at the beginning of the grant cycle? <i>Prepopulated with the objectives from FOA:</i> <ul style="list-style-type: none">• Did you meet objective 1 _____? Y/N• Did you meet objective 2 _____? Y/N
BENCHMARK DATA SOURCES	N/A
GRANTEE DATA SOURCES	Grantee self-reported
SIGNIFICANCE	

Core 2 Performance Measure	The percent of programs engaging in quality improvement and through what means, and related outcomes.
Goal: Quality Improvement	
Level: Grantee	
Domain: Core	
GOAL	To measure quality improvement initiatives.
MEASURE	The percent of MCHB funded projects implementing quality improvement initiatives.
DEFINITION	<p>Tier 1: Are you implementing quality improvement (QI) initiatives in your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: QI initiative: What type of QI structure do you have? (Check all that apply)</p> <ul style="list-style-type: none"><input type="checkbox"/> Team established within a division, office, department, etc. of an organization to improve a process, policy, program, etc.<input type="checkbox"/> Team within and across an organization focused on organizational improvement<input type="checkbox"/> Cross sectorial collaborative across multiple organizations <p>What types of aims are included in your QI initiative? (Check all that apply)</p> <ul style="list-style-type: none"><input type="checkbox"/> Population health<input type="checkbox"/> Improve service delivery (process or program)<input type="checkbox"/> Improve client satisfaction/ outcomes<input type="checkbox"/> Improve work flow<input type="checkbox"/> Policy improvement<input type="checkbox"/> Reducing variation or errors <p>Tier 3: Implementation Are QI goals directly aligned with organization's strategic goals? Y/ N Has the QI team received training in QI? Y/N Do you have metrics to track improvement? Y/N Which methodology are you utilizing for quality improvement? (Check all that apply)</p> <ul style="list-style-type: none"><input type="checkbox"/> Plan, Do, Study, Act Cycles<input type="checkbox"/> Lean<input type="checkbox"/> Six Sigma<input type="checkbox"/> Other: _____ <p>Tier 4: What are the related outcomes? Is there data to support improvement in population health as a result of the QI activities? Y/N Is there data to support organizational improvement as a result of QI activities? Y/N Is there data to support improvement in cross sectorial collaboration as a result of QI activities? Y/N</p>
BENCHMARK DATA SOURCES	N/A
GRANTEE DATA SOURCES	Grantee self-reported.
SIGNIFICANCE	

Core 3 Performance Measure	The percent of programs promoting and/ or facilitating improving health equity.
Goal: Health Equity	
Level: Grantee	
Domain: Capacity Building	
GOAL	To ensure MCHB grantees have established specific aims related to improving health equity.
MEASURE	The percent of MCHB funded projects with specific measurable aims related to promoting health equity.
DEFINITION	<p>Tier 1: Are you promoting and/ or facilitating health equity in your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Please select within which of the following domains your program addresses health equity (check all that apply):</p> <ul style="list-style-type: none"><input type="checkbox"/> Income<input type="checkbox"/> Race<input type="checkbox"/> Ethnicity<input type="checkbox"/> Language<input type="checkbox"/> Socioeconomic Status<input type="checkbox"/> Health Status<input type="checkbox"/> Disability<input type="checkbox"/> Sexual Orientation<input type="checkbox"/> Sex<input type="checkbox"/> Gender<input type="checkbox"/> Age<input type="checkbox"/> Geography – Rural/ Urban<input type="checkbox"/> Other: _____ <p>Tier 3: Implementation Has your program set stated goal/ objectives for health equity? Y/N If yes, what are those aims? _____</p> <p>Tier 4: What are the related outcomes? % of programs that met stated goals/ objectives around health equity Numerator: # of programs that met stated specific aims around health equity Denominator: # of programs that set specific aims around health equity</p> <p><i>* Health equity exists when challenges and barriers have been removed for those groups who experience greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.</i></p>
BENCHMARK DATA SOURCES	N/A
GRANTEE DATA SOURCES	Grantee self-reported.
SIGNIFICANCE	Health equity is achieved when every individual has the opportunity to attain his or her full health potential and no one is “disadvantaged from achieving this potential because of social position or socially determined consequences.” Achieving health equity is a top priority in the United States.

CB 4 Performance Measure Edited for clarity Goal: Sustainability Level: Grantee Domain: Capacity Building	The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding.
GOAL	To ensure sustainability of programs or initiatives over time, beyond the duration of MCHB funding.
MEASURE	The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding, and through what methods.
DEFINITION	<p>Tier 1: Are you addressing sustainability in your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Through what processes/ mechanisms are you addressing sustainability?</p> <ul style="list-style-type: none"><input type="checkbox"/> A written sustainability plan is in place within two years of the MCHB award with goals, objectives, action steps, and timelines to monitor plan progress<input type="checkbox"/> Staff and leaders in the organization engage and build partnerships with consumers, and other key stakeholders in the community, in the early project planning, and I sustainability planning and implementation processes<input type="checkbox"/> There is support for the MCHB-funded program or initiative within the parent agency or organization, including from individuals with planning and decision making authority<input type="checkbox"/> There is an advisory group or a formal board that includes family, community and state partners, and other stakeholders who can leverage resources or otherwise help to sustain the successful aspects of the program or initiative<input type="checkbox"/> The program’s successes and identification of needs are communicated within and outside the organization among partners and the public, using various internal communication, outreach, and marketing strategies<input type="checkbox"/> The grantee identified, actively sought out, and obtained other funding sources and in-kind resources to sustain the entire MCHB-funded program or initiative<input type="checkbox"/> Policies and procedures developed for the successful aspects of the program or initiative are incorporated into the parent or another organization’s system of programs and services<input type="checkbox"/> The responsibilities for carrying out key successful aspects of the program or initiative have begun to be transferred to permanent staff positions in other ongoing programs or organizations<input type="checkbox"/> The grantee has secured financial or in-kind support from within the parent organization or external organizations to sustain the successful aspects of the MCHB-funded program or initiative<input type="checkbox"/>
BENCHMARK DATA SOURCES	N/A
GRANTEE DATA SOURCES	Grantee self-reported.

CB 4 Performance Measure
Edited for clarity
Goal: Sustainability
Level: Grantee
Domain: Capacity Building

The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding.

SIGNIFICANCE

In recognition of the increasing call for recipients of public funds to sustain their programs after initial funding ends, MCHB encourages grantees to work toward sustainability throughout their grant periods. A number of different terms and explanations have been used as operational components of sustainability. These components fall into four major categories, each emphasizing a distinct focal point as being at the heart of the sustainability process: (1) adherence to program principles and objectives, (2) organizational integration, (3) maintenance of health benefits, and (4) State or community capacity building. Specific recommended actions that can help grantees build toward each of these four sustainability components are included as the Tier 2 data elements for this measure.

CB 5 PERFORMANCE MEASURE

The percent of programs supporting the production of scientific publications and through what means, and related outcomes.

Goal: Scientific Publications

Level: Grantee

Domain: Capacity Building

GOAL

To ensure supportive programming for the production of scientific publications.

MEASURE

The percent of MCHB funded projects programs supporting the production of scientific publications.

DEFINITION

Tier 1: Are you supporting the production of scientific publications in your program?

- Yes
- No

Tier 2: Indicate the categories of scientific publication that have been produced with grant support (either fully or partially) during the reporting period.

- Submitted
- In press
- Published

Tier 3: How many are reached through those activities?
of scientific/ peer-reviewed publications

Tier 4: How, if at all, have these publications been disseminated (check all that apply)?

Note: research only; include this as Part B of publications form

- TV/ Radio interview(s)
- Newspaper interview(s)
- Online publication interview(s)
- Press release
- Social Networking sites
- Listservs
- Presentation at conference (poster, abstract, presentation)
- Websites

GRANTEE DATA SOURCES

Grantee self-reported.

SIGNIFICANCE

Advancing the field of MCH based on evidence-based, field-tested quality products. Collection of the types of and dissemination of MCH products and publications is crucial for advancing the field. This measure addresses the production and quality of new informational resources created by grantees for families, professionals, other providers, and the public.

CB 6 Performance Measure	The percent of programs supporting the development of informational products and through what means, and related outcomes.
Goal: Products Level: Grantee Domain: Capacity Building	
GOAL	To ensure supportive programming for the development of informational products.
MEASURE	The percent of MCHB funded projects supporting the development of informational products, and through what processes.
DEFINITION	<p>Tier 1: Are you creating products as part of your MCHB-supported program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Indicate the categories of products that have been produced with grant support (either fully or partially) during the reporting period. <i>Count the original completed product, not each time it is disseminated or presented.</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Books<input type="checkbox"/> Book chapters<input type="checkbox"/> Reports and monographs (including policy briefs, best practice reports, white papers)<input type="checkbox"/> Conference presentations and posters presented<input type="checkbox"/> Web-based products (website, blogs, webinars, newsletters, distance learning modules, wikis, RSS feeds, social networking sites) <i>Excluding video/ audio products that are posted online post-production</i><input type="checkbox"/> Audio/ Video products (podcasts, produced videos, video clips, CD-ROMs, CDs, or audio)<input type="checkbox"/> Press communications (TV/ Radio interviews, newspaper interviews, public service announcements, and editorial articles)<input type="checkbox"/> Newsletters (electronic or print)<input type="checkbox"/> Pamphlets, brochures, or fact sheets<input type="checkbox"/> Academic course development<input type="checkbox"/> Distance learning modules<input type="checkbox"/> Doctoral dissertations/ Master's theses<input type="checkbox"/> Other: _____ <p>Tier 3: Implementation of products # products created in each category</p>
GRANTEE DATA SOURCES	Grantee self-reported.
SIGNIFICANCE	Advancing the field of MCH based on evidence-based, field-tested quality products. Collection of the types of and dissemination of MCH products and publications is crucial for advancing the field. This PM addresses the production and quality of new informational resources created by grantees for families, professionals, other providers, and the public.

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Attachment C:
Financial and Demographic Data Elements

OMB Clearance Package

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**Attachment C:
Financial and Demographic Data Elements**

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FORM 1
MCHB PROJECT BUDGET DETAILS FOR FY _____

1. MCHB GRANT AWARD AMOUNT	\$ _____
2. UNOBLIGATED BALANCE	\$ _____
3. MATCHING FUNDS	\$ _____
(Required: Yes [] No [] If yes, amount)	
A. Local funds	\$ _____
B. State funds	\$ _____
C. Program Income	\$ _____
D. Applicant/Grantee Funds	\$ _____
E. Other funds: _____	\$ _____
4. OTHER PROJECT FUNDS (Not included in 3 above)	\$ _____
A. Local funds	\$ _____
B. State funds	\$ _____
C. Program Income (Clinical or Other)	\$ _____
D. Applicant/Grantee Funds (includes in-kind)	\$ _____
E. Other funds (including private sector, e.g., Foundations)	\$ _____
5. TOTAL PROJECT FUNDS (Total lines 1 through 4)	\$ _____
6. FEDERAL COLLABORATIVE FUNDS	\$ _____
(Source(s) of additional Federal funds contributing to the project)	
A. Other MCHB Funds (Do not repeat grant funds from Line 1)	
1) Special Projects of Regional and National Significance (SPRANS)	\$ _____
2) Community Integrated Service Systems (CISS)	\$ _____
3) State Systems Development Initiative (SSDI)	\$ _____
4) Healthy Start	\$ _____
5) Emergency Medical Services for Children (EMSC)	\$ _____
6) Autism Collaboration, Accountability, Research, Education and Support Act	\$ _____
7) Patient Protection and Affordable Care Act	_____
8) Universal Newborn Hearing Screening	_____
9) State Title V Block Grant	\$ _____
10) Other: _____	\$ _____
11) Other: _____	\$ _____
12) Other: _____	\$ _____
B. Other HRSA Funds	
1) HIV/AIDS	\$ _____
2) Primary Care	\$ _____
3) Health Professions	\$ _____
4) Other: _____	\$ _____
5) Other: _____	\$ _____
6) Other: _____	\$ _____
C. Other Federal Funds	
1) Center for Medicare and Medicaid Services (CMS)	\$ _____
2) Supplemental Security Income (SSI)	\$ _____
3) Agriculture (WIC/other)	\$ _____
4) Administration for Children and Families (ACF)	\$ _____
5) Centers for Disease Control and Prevention (CDC)	\$ _____
6) Substance Abuse and Mental Health Services Administration (SAMHSA)	\$ _____
7) National Institutes of Health (NIH)	\$ _____
8) Education	\$ _____
9) Bioterrorism	_____
10) Other: _____	\$ _____
11) Other: _____	\$ _____

12) Other		\$
7. TOTAL COLLABORATIVE FEDERAL FUNDS		\$

**INSTRUCTIONS FOR COMPLETION OF FORM 1
MCH BUDGET DETAILS FOR FY _____**

- Line 1. Enter the amount of the Federal MCHB grant award for this project.
- Line 2. Enter the amount of carryover (e.g., unobligated balance) from the previous year’s award, if any. New awards do not enter data in this field, since new awards will not have a carryover balance.
- Line 3. If matching funds are required for this grant program list the amounts by source on lines 3A through 3E as appropriate. Where appropriate, include the dollar value of in-kind contributions.
- Line 4. Enter the amount of other funds received for the project, by source on Lines 4A through 4E, specifying amounts from each source. Also include the dollar value of in-kind contributions.
- Line 5. Displays the sum of lines 1 through 4.
- Line 6. Enter the amount of other Federal funds received on the appropriate lines (A.1 through C.12) **other** than the MCHB grant award for the project. Such funds would include those from other Departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts.

 Line 6C.1. Enter only project funds from the Center for Medicare and Medicaid Services. Exclude Medicaid reimbursement, which is considered Program Income and should be included on Line 3C or 4C.

 If lines 6A.8-10, 6B .4-6, or 6C.10-12 are utilized, specify the source(s) of the funds in the order of the amount provided, starting with the source of the most funds. .
- Line 7. Displays the sum of lines in 6A.1 through 6C.12.

FORM 2

PROJECT FUNDING PROFILE

	<u>FY _____</u>		<u>FY _____</u>		<u>FY _____</u>		<u>FY _____</u>		<u>FY _____</u>	
	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>
1 <u>MCHB Grant Award Amount</u> <i>Line 1, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2 <u>Unobligated Balance</u> <i>Line 2, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3 <u>Matching Funds (If required)</u> <i>Line 3, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4 <u>Other Project Funds</u> <i>Line 4, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5 <u>Total Project Funds</u> <i>Line 5, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6 <u>Total Federal Collaborative Funds</u> <i>Line 7, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**INSTRUCTIONS FOR THE COMPLETION OF FORM 2
PROJECT FUNDING PROFILE**

Instructions:

Complete all required data cells. If an actual number is not available, use an estimate. Explain all estimates in a note.

The form is intended to provide funding data at a glance on the estimated budgeted amounts and actual expended amounts of an MCH project.

For each fiscal year, the data in the columns labeled Budgeted on this form are to contain the same figures that appear on the Application Face Sheet (for a non-competing continuation) or the Notice of Grant Award (for a performance report). The lines under the columns labeled Expended are to contain the actual amounts expended for each grant year that has been completed.

FORM 3

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED
For Projects Providing Direct Health Care, Enabling, or Population-based Services

Target Population(s)	FY _____		FY _____	
	\$ Budgeted	\$ Expended	\$ Budgeted	\$ Expended
Pregnant Women (All Ages)				
Infants (Age 0 to 1 year)				
Children (Age 1 year to 12 years)				
Adolescents (Age 12 to 18 years)				
CSHCN Infants (Age 0 to 1 year)				
CSHCN Children and Youth (Age 1 year to 25 years)				
Non-pregnant Women (Age 25 and over)				
Other				
TOTAL				

**INSTRUCTIONS FOR COMPLETION OF FORM 3
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED**

For Projects Providing Direct Services, Enabling, or Public Health Services and Systems

If the project provides direct services, complete all required data cells for all years of the grant. If an actual number is not available make an estimate. Please explain all estimates in a note.

All ages are to be read from x to y, not including y. For example, infants are those from birth to 1, and children and youth are from age 1 to 25.

Enter the budgeted amounts for the appropriate fiscal year, for each targeted population group. Note that the Total for each budgeted column is to be the same as that appearing in the corresponding budgeted column in Form 2, Line 5.

Enter the expended amounts for the appropriate fiscal year that has been completed for each target population group. Note that the Total for the expended column is to be the same as that appearing in the corresponding expended column in Form 2, Line 5.

FORM 4

**PROJECT BUDGET AND EXPENDITURES
 By Types of Services**

<u>TYPES OF SERVICES</u>	FY _____		FY _____	
	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>
I. <u>Direct Health Care Services</u> (Basic Health Services and Health Services for CSHCN.)	\$ _____	\$ _____	\$ _____	\$ _____
II. <u>Enabling Services</u> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC and Education.)	\$ _____	\$ _____	\$ _____	\$ _____
III. <u>Public Health Services and Systems</u> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research Systems of Care, and Information Systems Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ _____	\$ _____	\$ _____	\$ _____
IV. <i>TOTAL</i>	\$ _____	\$ _____	\$ _____	\$ _____

INSTRUCTIONS FOR THE COMPLETION OF FORM 4 PROJECT BUDGET AND EXPENDITURES BY TYPES OF SERVICES

Complete all required data cells for all years of the grant. If an actual number is not available, make an estimate. Please explain all estimates in a note. Administrative dollars should be allocated to the appropriate level(s) of the pyramid on lines I, II, III or IV. If an estimate of administrative funds use is necessary, one method would be to allocate those dollars to Lines I, II, III and IV at the same percentage as program dollars are allocated to Lines I through IV.

Note: Lines I, II and III are for projects providing services. If grant funds are used to build the infrastructure for direct care delivery, enabling or population-based services, these amounts should be reported in Line IV (i.e., building data collection capacity for newborn hearing screening).

Line I Direct Health Care Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Direct Health Care Services are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Line II Enabling Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Enabling Services allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Line III Public Health Services and Systems - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Public Health Services and Systems include preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not. The other critical aspect of Public Health Services and Systems are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and

resources such as health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Line V Total – Displays the total amounts for each column, budgeted for each year and expended for each year completed.

FORM 5

**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED)
 By Type of Individual and Source of Primary Insurance Coverage
For Projects Providing Direct Health Care, Enabling or Population-based Services**

Reporting Year _____

Table 1

Pregnant Women Served	(a) Number Served	(b) Total Served	(c) Title XIX %	(d) Title XXI %	(e) Private/Other %	(f) None %	(g) Unknown %
Pregnant Women (All Ages)							
10-14							
15-19							
20-24							
25-34							
35-44							
45 +							

Table 2

Infants, Children and Youth Served	(a) Number Served	(b) Total Served	(c) Title XIX %	(d) Title XXI %	(e) Private/Other %	(f) None %	(g) Unknown %
Infants <1							
Children and Youth 1 to 25 years							
12-24 months							
25 months-4 years							
5-9							
10-14							
15-19							
20-24							

Table 3

CSHCN Infants, Children and Youth Served	(a) Number Served	(b) Total Served	(c) Title XIX %	(d) Title XXI %	(e) Private/ Other %	(f) None %	(g) Unknown %
Infants <1 yr							
Children and Youth 1 to 25 years							
12-24 months							
25 months- 4 years							
5-9							
10-14							
15-19							
20-24							

Table 4

Women Served	(a) Number Served	(b) Total Served	(c) Title XIX %	(d) Title XXI %	(e) Private/ Other %	(f) None %	Unknown % (g)
Women 25+							
25-29							
30-34							
35-44							
45-54							
55-64							
65+							

Table 5

Other	(a) Number Served	(b) Total Served	(c) Title XIX %	(d) Title XXI %	(e) Private/ Other %	(f) None %	Unknown % (g)
Men 25+							

TOTAL SERVED: _____

INSTRUCTIONS FOR THE COMPLETION OF FORM 5

NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) By Type of Individual and Source of Primary Insurance Coverage **For Projects Providing Direct Health Care, Enabling or Population-based Services**

Enter data into all required (unshaded) data cells. If an actual number is not available, make an estimate. Please explain all estimates, in a note.

Note that ages are expressed as either x to y, (i.e., 1 to 25, meaning from age 1 up to age 25, but not including 25) or x – y (i.e., 1 – 4 meaning age 1 through age 4). Also, symbols are used to indicate directions. For example, <1 means less than 1, or from birth up to, but not including age 1. On the other hand, 45+ means age 45 and over.

1. At the top of the Form, the Line Reporting Year displays the year for which the data applies.
2. In Column (a), enter the unduplicated count of individuals who received a direct service from the project regardless of the primary source of insurance coverage. These services are those that are done by any non-capacity building services and would include individuals served by total dollars reported on Form 3, Line 5.
3. In Column (b), the total number of the individuals served is summed from Column (a).
4. In the remaining columns, report the percentage of those individuals receiving direct health care, enabling or population-based services, who have as their primary source of coverage:

Column (c): Title XIX (includes Medicaid expansion under Title XXI)

Column (d): Title XXI

Column (e): Private or other coverage

Column (f): None

Column (g): Unknown

These may be estimates. If individuals are covered by more than one source of insurance, they should be listed under the column of their primary source.

FORM 6

**MATERNAL & CHILD HEALTH DISCRETIONARY GRANT
PROJECT ABSTRACT
FOR FY_____**

PROJECT: _____

I. PROJECT IDENTIFIER INFORMATION

- 1. Project Title:
- 2. Project Number:
- 3. E-mail address:

II. BUDGET

- 1. MCHB Grant Award \$ _____
(Line 1, Form 2)
- 2. Unobligated Balance \$ _____
(Line 2, Form 2)
- 3. Matching Funds (if applicable) \$ _____
(Line 3, Form 2)
- 4. Other Project Funds \$ _____
(Line 4, Form 2)
- 5. Total Project Funds \$ _____
(Line 5, Form 2)

III. TYPE(S) OF SERVICE PROVIDED (Choose all that apply)

- Direct Services
- Enabling Services
- Public Health Services and Systems

IV. DOMAIN SERVICES ARE PROVIDED TO

- Maternal/ Women’s’ Health
- Perinatal/ Infant Health
- Child Health
- Children with Special Health Care Needs
- Adolescent Health
- Life Course/ All Population Domains
- Local/ State/ National Capacity Building

V. PROJECT DESCRIPTION OR EXPERIENCE TO DATE

- A. Project Description
 - 1. Problem (in 50 words, maximum):

2. Aims and Key Activities: (List up to 5 major aims and key related activities for the project. These should reflect the aims from the FOA, also these will be used for Grant Impact measurement at the end of your grant period.)

Aim 1:

Related Activity 1:

Related Activity 2:

Aim 2:

Related Activity 1:

Related Activity 2:

Aim 3:

Related Activity 1:

Related Activity 2:

Aim 4:

Related Activity 1:

Related Activity 2:

Aim 5:

Related Activity 1:

Related Activity 2:

3. Specify the primary *Healthy People 2020* objectives(s) (up to three) which this project addresses:

- a.
- b.
- c.

5. Coordination (List the State, local health agencies or other organizations involved in the project and their roles)
6. Evaluation (briefly describe the methods which will be used to determine whether process and outcome objectives are met, be sure to tie to evaluation from FOA.)
7. Quality Improvement Activities

B. Continuing Grants ONLY

1. Experience to Date (For continuing projects ONLY):
2. Website URL and annual number of hits
 - a. _____ Number of web hits
 - b. _____ Number of unique visitors

VI. KEY WORDS

VII. ANNOTATION

INSTRUCTIONS FOR THE COMPLETION OF FORM 6 PROJECT ABSTRACT

NOTE: All information provided should fit into the space provided in the form. The completed form should be no more than 3 pages in length. Where information has previously been entered in forms 1 through 5, the information will automatically be transferred electronically to the appropriate place on this form.

Section I – Project Identifier Information

- Project Title: Displays the title for the project.
Project Number: Displays the number assigned to the project (e.g., the grant number)
E-mail address: Displays the electronic mail address of the project director

Section II – Budget - These figures will be transferred from Form 1, Lines 1 through 5.

Section III - Types of Services

Indicate which type(s) of services your project provides, checking all that apply.

Section IV – Program Description OR Current Status (DO NOT EXCEED THE SPACE PROVIDED)

- A. New Projects only are to complete the following items:
1. A brief description of the project and the problem it addresses, such as preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for Children with Special Health Care Needs.
 2. Provide up to 5 aims of the project, in priority order. Examples are: To reduce the barriers to the delivery of care for pregnant women, to reduce the infant mortality rate for minorities and “services or system development for children with special healthcare needs.” MCHB will capture annually every project’s top aims in an information system for comparison, tracking, and reporting purposes; you must list at least 1 and no more than 5 aims. For each goal, list the key related activities. The aims and activities must be specific and time limited (i.e., Aim 1: increase providers in area trained in providing quality well-child visits by 10% by 2017 through 1. trainings provided at state pediatric association and 2. on-site technical assistance).
 3. Displays the primary Healthy People 2020 goal(s) that the project addresses.
 4. Describe the programs and activities used to reach aims, and comment on innovation, cost, and other characteristics of the methodology, proposed or are being implemented. Lists with numbered items can be used in this section.
 5. Describe the coordination planned and carried out, in the space provided, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.
 6. Briefly describe the evaluation methods that will be used to assess the success of the project in attaining its aims and implementing activities.
- B. For continuing projects ONLY:
1. Provide a brief description of the major activities and accomplishments over the past year (not to exceed 200 words).
 2. If applicable, provide the number of hits by unique visitors to the website (or section of website) funded by MCHB for the past year.

Section V – Key Words

Provide up to 10 key words to describe the project, including populations served. Choose key words from the included list.

Section VI – Annotation

Provide a three- to five-sentence description of your project that identifies the project's purpose, the needs and problems, which are addressed, the aims of the project, the related activities which will be used to meet the aims, and the materials, which will be developed.

FORM 7

**DISCRETIONARY GRANT PROJECT
SUMMARY DATA**

1. Project Service Focus

- Urban/Central City Suburban Metropolitan Area (city & suburbs)
 Rural Frontier Border (US-Mexico)

2. Project Scope

- Local Multi-county State-wide
 Regional National

3. Grantee Organization Type

- State Agency
 Community Government Agency
 School District
 University/Institution Of Higher Learning (Non-Hospital Based)
 Academic Medical Center
 Community-Based Non-Governmental Organization (Health Care)
 Community-Based Non-Governmental Organization (Non-Health Care)
 Professional Membership Organization (Individuals Constitute Its Membership)
 National Organization (Other Organizations Constitute Its Membership)
 National Organization (Non-Membership Based)
 Independent Research/Planning/Policy Organization
 Other _____

4. Project Infrastructure Focus (from MCH Pyramid) if applicable

- Guidelines/Standards Development And Maintenance
 Policies And Programs Study And Analysis
 Synthesis Of Data And Information
 Translation Of Data And Information For Different Audiences
 Dissemination Of Information And Resources
 Quality Assurance
 Technical Assistance
 Training
 Systems Development
 Other

5. Demographic Characteristics of Project Participants

Indicate the service level:

<input type="checkbox"/>	Direct Health Care Services
<input type="checkbox"/>	Enabling Services
<input type="checkbox"/>	Public Health Services and Systems

	RACE (Indicate all that apply)								ETHNICITY			
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unrecorded	Total	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total
Pregnant Women (All Ages)												
Infants <1 year												
Children 1 to 12 years												
Adolescents 12-18 years												
Young Adults 18-25 years												
CSHCN Infants <1 year												
CSHCN Children and Youth 1 to 25 years												
Women 25+ years												
Men 25+												
TOTALS												

6. Clients' Primary Language(s)

- 7. Population Served**
- Homeless

 - Incarcerated
 - Severely Depressed
 - Migrant Worker/ Population
 - Uninsured
 - Adolescent Pregnancy
 - Food Stamp Eligible
 - Other

8. Resource/TA and Training Centers ONLY

Answer all that apply.

- a. Characteristics of Primary Intended Audience(s)
 - Providers/ Professionals
 - Local/ Community partners
 - Title V
 - Other state agencies/ partners
 - Regional
 - National
 - International
- b. Number of Requests Received/Answered: ____/____
- c. Number of Continuing Education credits provided: _____
- d. Number of Individuals/ Participants Reached: _____
- e. Number of Organizations Assisted: _____
- f. Major Type of TA or Training Provided:
 - continuing education courses,
 - workshops,
 - on-site assistance,
 - distance learning classes
 - one-on-one remote consultation
 - other, Specify: _____

INSTRUCTIONS FOR THE COMPLETION OF FORM 7 PROJECT SUMMARY

Section 1 – Project Service Focus

Select all that apply

Section 2 – Project Scope

Choose the one that best applies to your project.

Section 3 – Grantee Organization Type

Choose the one that best applies to your organization.

Section 4 – Project Infrastructure Focus

If applicable, choose all that apply.

Section 5 – Demographic Characteristics of Project Participants

Indicate the service level for the grant program. Multiple selections may be made. Please fill in each of the cells as appropriate.

Direct Health Care Services are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Enabling Services allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Public Health Services and Systems include preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not. The other critical aspect of **Public Health Services and Systems** are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources such as health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Section 6 – Clients Primary Language(s)

Indicate which languages your clients speak as their primary language, other than English, for the data provided in Section 6. List up to three languages.

Section 7 – Check all population served

Section 8 – Resource/TA and Training Centers (Only)

Answer all that apply.

FORM 8
(For Research Projects ONLY)

MATERNAL & CHILD HEALTH DISCRETIONARY GRANT
PROJECT ABSTRACT
FOR FY ____

I. PROJECT IDENTIFIER INFORMATION

1. Project Title:
2. Project Number:
3. Project Director:

4. Principle Investigator(s), Discipline

II. BUDGET

1. MCHB Grant Award \$ _____
(Line 1, Form 2)
2. Unobligated Balance \$ _____
(Line 2, Form 2)
3. Matching Funds (if applicable) \$ _____
(Line 3, Form 2)
4. Other Project Funds \$ _____
(Line 4, Form 2)
5. Total Project Funds \$ _____
(Line 5, Form 2)

III. CARE EMPHASIS

- Interventional
 Non-interventional

IV. POPULATION FOCUS

- | | |
|--|--|
| <input type="checkbox"/> Neonates | <input type="checkbox"/> Pregnant Women |
| <input type="checkbox"/> Infants | <input type="checkbox"/> Postpartum Women |
| <input type="checkbox"/> Toddlers | <input type="checkbox"/> Parents/Mothers/Fathers |
| <input type="checkbox"/> Preschool Children | <input type="checkbox"/> Adolescent Parents |
| <input type="checkbox"/> School-Aged Children | <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Physicians |
| <input type="checkbox"/> Adolescents (Pregnancy Related) | <input type="checkbox"/> Others |
| <input type="checkbox"/> Young Adults (>20) | |

V. STUDY DESIGN

- Experimental
 Quasi-Experimental
 Observational

VI. TIME DESIGN

- Cross-sectional
 Longitudinal
 Mixed

VII. PRIORITY RESEARCH ISSUES AND QUESTIONS OF FOCUS

From the Maternal and Child Health Bureau (MCHB) Strategic Research Issues: Fiscal Years (FYs) 2004 – 2009.

Primary area addressed by research:

Secondary area addressed by research:

VIII. ABSTRACT

IX. KEY WORDS

X. ANNOTATION

**INSTRUCTIONS FOR THE COMPLETION OF FORM 8
MATERNAL & CHILD HEALTH
RESEARCH PROJECT ABSTRACT**

NOTE: All information provided should fit into the space provided in the form. Do not exceed the space provided.

Where information has previously been entered in forms 1 through 5, the information will automatically be transferred electronically to the appropriate place on this form.

Section I – Project Identifier Information

Project Title: Displays the title for the project.
Project Number: Displays the number assigned to the project (e.g., the grant number).
Project Director: Displays the name and degree(s) of the project director as listed on the grant application.
Principal Investigator: Enter the name(s) and discipline(s) of the principal investigator(s).

Section II – Budget

The amounts for Lines 1 through 5 will be transferred from Form 1, Lines 1 through 5.

Section III – Care Emphasis

Indicate whether the study is interventional or non-interventional.

Section IV – Population Focus

Indicate which population(s) are the focus of the study. Check all that apply.

Section V – Study Design

Indicate which type of design the study uses.

Section VI – Time Design

Indicate which type of design the study uses.

Section VII – Priority Research Issues and Questions of Focus (DO NOT EXCEED THE SPACE PROVIDED)

Provide a brief statement of the primary and secondary (if applicable) areas to be addressed by the research. The topic(s) should be from those listed in the *Maternal and Child Health Bureau (MCHB) Strategic Research Issues: Fiscal Years (FYs) 2004 – 2009*.

Section VIII – Abstract

Section IX - -Key Words

Provide up to 10 key words to describe the project, including populations served. A list of key words used to classify active projects is included. Choose keywords from this list when describing your project.

Section X – Annotation

Provide a three- to five-sentence description of your project that identifies the project's purpose, the needs and problems which are addressed, the aims of the project, the related activities which will be used to meet the stated aims, and the materials, which will be developed.

Health Resources and Services Administration
Maternal and Child Health Bureau

Discretionary Grant Performance Measures

OMB No. 0915-0298
Expires: 06/30/2022

Attachment D:
Additional Data Elements

OMB Clearance Package

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0298. Public reporting burden for this collection of information is estimated to average 36 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

Table of Contents

**Attachment D:
Additional Data Elements**

Products, Publications and Submissions Data Collection Form3

Products, Publications and Submissions Data Collection Form

Part 1

Instructions: Please list the number of products, publications and submissions addressing maternal and child health that have been published or produced with grant support (either fully or partially) during the reporting period. Count the original completed product, not each time it is disseminated or presented.

Type	Number
<p><u>In Press</u> peer-reviewed publications in scholarly journals</p> <p><i>Please include peer reviewed publications addressing maternal and child health that have been published by project faculty and/or staff during the reporting period. Faculty and staff include those listed in the budget form and narrative and others that your program considers to have a central and ongoing role in the project whether they are supported or not supported by the grant.</i></p>	
<p><u>Submission(s)</u> of peer-reviewed publications to scholarly journals</p>	
<p>Books</p>	
<p>Book chapters</p>	
<p>Reports and monographs (including policy briefs and best practices reports)</p>	
<p>Conference presentations and posters presented</p>	
<p>Web-based products (Blogs, podcasts, Web-based video clips, wikis, RSS feeds, news aggregators, social networking sites)</p>	
<p>Electronic products (CD-ROMs, DVDs, audio or videotapes)</p>	
<p>Press communications (TV/Radio interviews, newspaper interviews, public service announcements, and editorial articles)</p>	
<p>Newsletters (electronic or print)</p>	
<p>Pamphlets, brochures, or fact sheets</p>	
<p>Academic course development</p>	
<p>Distance learning modules</p>	
<p>Doctoral dissertations/ Master's theses</p>	
<p>Other</p>	

Part 3

Instructions: For each product, publication and submission listed in Part 1, complete all elements marked with an “*.”

Data collection form for: primary author in peer-reviewed publications in scholarly journals – published

*Title: _____

*Author(s): _____

*Publication: _____

*Volume: _____ *Number: _____ Supplement: _____ *Year: _____ *Page(s): _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL): _____

*Dissemination Vehicles: TV/ Radio Interview___ Newspaper/ Print Interview___ Press Release___
Social Networking Sites/ Social Media___ Listservs___ Conference Presentation___

Key Words (No more than 5): _____

Notes: _____

Data collection form for: contributing author in peer-reviewed publications in scholarly journals – published

*Title: _____

*Author(s): _____

*Publication: _____

*Volume: _____ *Number: _____ Supplement: _____ *Year: _____ *Page(s): _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL): _____

*Dissemination Vehicles: TV/ Radio Interview___ Newspaper/ Print Interview___ Press Release___
Social Networking Sites/ Social Media___ Listservs___ Conference Presentation___

Key Words (No more than 5): _____

Notes: _____

Data collection form: Peer-reviewed publications in scholarly journals – submitted, not yet published

*Title: _____
*Author(s): _____
*Publication: _____
*Year Submitted: _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
Key Words (No more than 5): _____
Notes: _____

Data collection form: Books

*Title: _____
*Author(s): _____
*Publisher: _____
*Year Published: _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
Key Words (No more than 5): _____
Notes: _____

Data collection form for: Book chapters

Note: If multiple chapters are developed for the same book, list them separately.

*Chapter Title: _____
*Chapter Author(s): _____
*Book Title: _____
*Book Author(s): _____
*Publisher: _____
*Year Published: _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
Key Words (no more than 5): _____
Notes: _____

Data collection form: Reports and monographs

*Title: _____
*Author(s)/Organization(s): _____
*Year Published: _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form: Conference presentations and posters presented

(This section is not required for MCHB Training grantees.)

*Title: _____
*Author(s)/Organization(s): _____
*Meeting/Conference Name: _____
*Year Presented: _____
*Type: Presentation Poster
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form: Web-based products

*Product: _____
*Year: _____
*Type: Blogs Podcasts Web-based video clips
 Wikis RSS feeds News aggregators
 Social networking sites Other (Specify)
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form: Electronic Products

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Type: CD-ROMs DVDs Audio tapes
 Videotapes Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Press Communications

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Type: TV interview Radio interview Newspaper interview
 Public service
 announcement Editorial article Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Newsletters

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Type: Electronic Print Both

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

*Frequency of distribution: Weekly Monthly Quarterly Annually Other (Specify)

Number of subscribers: _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Pamphlets, brochures or fact sheets

*Title: _____
*Author(s)/Organization(s): _____
*Year: _____
*Type: Pamphlet Brochure Fact Sheet
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form: Academic course development

*Title: _____
*Author(s)/Organization(s): _____
*Year: _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form: Distance learning modules

*Title: _____
*Author(s)/Organization(s): _____
*Year: _____
*Media Type: Blogs Podcasts Web-based video clips
 Wikis RSS feeds News aggregators
 Social networking sites CD-ROMs DVDs
 Audio tapes Videotapes Other (Specify)
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form: Doctoral dissertations/Master's theses

*Title: _____

*Author: _____

*Year Completed: _____

*Type: Doctoral dissertation Master's thesis

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Other

(Note, up to 3 may be entered)

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Describe product, publication or submission: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

