***Instructions (PLEASE READ)****: For this application, please complete the following sections* ***only****: “Evaluation Goal”; “Evaluation Team”; “Data Collection Plan”.* ***DO NOT*** *complete sections, “Process Evaluation” or “Outcome Evaluation”, these sections will be addressed in collaboration with the Center post-award.*

|  |  |
| --- | --- |
| **Project name** | Click or tap here to enter text. |
| **Total support requested**: Click or tap here to enter text. | **Proposed program duration**:Click or tap here to enter text. |

**Evaluation Goal**

Provide a short statement of what you hope to determine with this evaluation and how the information will be used.

 *Ex. This evaluation will determine the effectiveness of this intervention on rates of patients with uncontrolled diabetes. Additionally, we will examine how the program affects patient’s perception of their ability to self-manage their diabetes. Results of this evaluation will be used to determine which program components should be expanded and to aid in securing additional support.*

**Evaluation Team**

List the members of your evaluation team and describe their role on the evaluation. Add additional rows as needed.

|  |  |  |
| --- | --- | --- |
| **Name** | **Title/Role** | **Responsibilities** |
| *Ex. Cam Smith* | *Lead Evaluator* | *Oversee all evaluation activities**Coordinate meetings* |
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**Data Collection Plan**

List the data that will be collected for this evaluation including the data source and how it will be collected.

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| --- | --- | --- |
| **Measure** | **Data Source**([Examples of data sources](https://www.ruralhealthinfo.org/toolkits/rural-toolkit/4/quantitative-qualitative)) | **Data Collection Method**(How will data be tracked and stored?) |
| ***CORE DATA –*** *the following data are required to be collected and shared with the funder as part of this program. This information will be used in the overall funding evaluation. If certain data elements cannot be collected, provide an explanation and plans [if any] to collect alternative data or address the current data gap.* |
|  |
| **Unique Participant Information** - age- preferred Language- race/ethnicity- gender- zip code of residence |  |  |
| **Program Participation/Uptake**- unique visit count- if using appointments, show rate- special populations served (MCH, children, reentry)- services available on-site |  |  |
| **-Referrals (and/or warm hand-offs)**- total referrals made- referred service type- referral completions (patron connects with referred service or organization) |  |  |
| **Access to Healthcare**Number of participants that:-establish a medical home or a usual primary care primary care provider (PCP) - establish medical insurance  |  |  |
| **COVID-19** **-**healthinformation provided-immunization appointments made -immunization provided on location (by providers) |  |  |
| **Partnerships**Count, name, and description of:- new partnerships- expanded partnerships- existing partnerships |  |  |
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|  |  |  |
| ***PREFERRED DATA –*** *the following data are optional and can be used as examples of additional measures to collect. The preferred data you should collect will vary based on the program you are proposing. You can pick and choose from the list below or create your own list.*  |
|  |
| **SDOH**Number of participants that experience:- barriers to healthcare (uninsured or without PCP)- food insecurity- housing instability- unemployment |  |  |
| **Health Education** (as applicable)**-**chronic disease (diabetes, hypertension)-maternal and child health-infectious diseases-behavioral and mental health-other health information (please describe) |  |  |
| **Participant Satisfaction**- satisfaction with services rendered- satisfaction with services available |  |  |
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|  |  |  |
| ***ADDITIONAL DATA –*** *list any other data that you will collect for this evaluation. Add rows as needed.*  |
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**Process Evaluation (LEAVE BLANK)**

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| --- | --- | --- | --- |
| **Input/Resources** | **Activities/Strategies** | **Outputs** | **Outcomes and Impact** |
| Funding sourcesStaffPartnersMaterials |  |  | **Short-term:** **Mid-term:** **Long-term:**   |
|  |  |
|  |  |
|  |  |
|   |   |

**Outcome Evaluation (LEAVE BLANK)**

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| --- | --- | --- |
| **Measure** | **Data Source****(**[**Examples of data sources**](https://www.ruralhealthinfo.org/toolkits/rural-toolkit/4/quantitative-qualitative)**)** | **Data Collection Method****(How will data be tracked and stored?)** |
| **Short-Term Outcomes:**  |
|  |  |   |
|  |  |   |
| **Mid-Term Outcomes:** |
|  |  |   |
|  |  |   |
| **Long-Term Outcomes** |
|  |  |  |
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