State of Alaska / DHSS / Division of Senior & Disabilities Services

Nutrition, Transportation, & Support Services

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SFY13 Biannual Progress Report & Logic Model Evaluation FORM

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Submit Report to: Marlyn Carrillo, Grants Administrator at Marlyn.Carrillo@alaska.gov or fax to **907-465-3419**. Reports are due January 30 and July 30th.

Instructions

Refer to SFY13 NTS Biannual Report Instructions and Examples

- Check the box for Yes or No and click on the shaded boxes to fill in the text. Yes or No answers alone are insufficient.

- Attach to email Marlyn.Carrillo@alaska.gov or fax to **907.465.3419**

Period: ☐ **1**st (7/1 -12/31)
☐ **2**nd (1/1 – 6/30)

Provider: ×××××××××××××××××××× **Grant #:** D607-13- ××××××××××××××

Prepared by: ××××××××××××××× **Phone:** ××××××××××× **Email:** ××××××××××××××××××××××××××××××××××××

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I hereby certify that I have reviewed this report and compared it against project records to assure that all data and information are correct.

_____

Authorized Signature   Date:×××××××××× Phone: ××××××××

(Authorized signature must be the supervisor of person preparing this report, executive director, or board president.)

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Progress Report

1. Did the program have its intended effects?   Yes ☐   No ☐
   - **Describe** this period how you met the grant project goals and outcomes as stated in your proposal and presented in your logic model; include ensuring service delivery to target populations.
   - _____

2. Did the program have any unintended consequences (positive or negative)? Unintended consequences are results or outcomes that are not the outcomes intended by a purposeful planned action.   Yes ☐   No ☐
   - **Describe** something (positive and/or negative) that happened as a result of your program that you didn't expect or plan.
   - _____

3. Did the program meet or exceed expectations?   Yes ☐   No ☐
   - **Describe** how your service delivery is (or is not) progressing as expected based on Planned Services & Expenditures, timely and complete reporting, active participation in quarterly teleconference meetings, etc.
   - _____

4. Did the program demonstrate benefits to consumers?   Yes ☐   No ☐
   - **Describe** how your services enhanced the independence of one or more of your consumers.
   - _____

5. Did the program solicit consumer input on services? Yes ☐ No ☐
   - **Describe** and identify any activities undertaken this period to collect and respond to feedback from consumers such as written satisfaction survey, ongoing solicitation of input e.g., suggestion box, advisory groups or other methods.
   - _____
   - **Describe** results and actions that were taken based on findings.
   - xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

6. Did the program have a wait list for services? Yes ☐ No ☐

7. Was staff training provided this period? Yes ☐ No ☐
   If so, please list the topics.
   - If the training occurred more than once during the period, please list the number of times, i.e. 2x's.
   - If the training occurred in another community, please list the community**.**
   - _____

Logic Model Evaluation

Refer to SFY13 NTS Biannual Report <u>Instructions and Examples</u>

Goal:

☐ Short term ☐ Intermediate ☐ Long term	**Outcome #1**
Indicator	
Data Strategy	
Finding	

☐ Short term ☐ Intermediate ☐ Long term	**Outcome #2**
Indicator	
Data Strategy	
Finding	

☐ Short term ☐ Intermediate ☐ Long term	**Outcome #3**

Indicator	
Data Strategy	
Finding	