



Snoqualmie Valley Community Network, King County Washington State Incentive Grant 2nd Year Community-Level Evaluation 2000-2001

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Executive Summary

Snoqualmie Valley Community Network in King County is one of eighteen recipients of the Washington State Incentive Grant (SIG). SIG funds are allocated to communities to prevent the use, misuse and abuse of alcohol, tobacco, marijuana and other drugs by Washington State youth. Community grantees are expected to make their local prevention system more effective by establishing prevention partnerships, using a risk and protective factor framework for data driven needs assessments, and by implementing and monitoring science-based prevention programs. Snoqualmie Valley's second year experiences with SIG are reported here.

Progress toward SIG Community Level Objectives

Snoqualmie Valley is located in eastern King County. Seventy percent of its 35,000 residents live in unincorporated areas. Two school districts within the valley are involved in SIG-funded programs: Snoqualmie Valley School District in the south and Riverview School District in the north, with the first having a more extensive prevention history than the latter. Friends of Youth and Children's Services of Snoqualmie Valley are the only two prevention service providers available in the area.

Objective 1: *To establish partnerships...to collaborate at the local level to prevent alcohol, tobacco, marijuana, and other drug use, misuse, and abuse by youth.*

SIG's requirement of partnership development led Snoqualmie Valley to develop a coalition of the Community Network, prevention service providers, and schools. This helped introduce schools to prevention providers and research-based programs, as well as the use of the school survey, the Washington State Survey of Adolescent Health Behavior, and data for planning prevention services.

Objective 2: *To use a risk and protective factor framework to develop a community prevention action plan...*

and...

Objective 3: *To participate in joint community risk and protective factor and resource assessment...*

Snoqualmie Valley Community Network, the local prevention service providers, and one of the two school districts in the SIG project were already familiar with the risk and protective factor framework. SIG introduced risk and protective factors to one school district. SIG also brought a more comprehensive picture of prevention to the valley, from assessment to program selection and provision. Efforts of schools and prevention service providers became integrated.

Some representatives of Snoqualmie Valley's SIG project participated in King County's spring 2001 SIG-sponsored collaborative needs assessment. Results were not found to be locally relevant.

Objective 4: *To select and implement effective prevention actions...*

The SIG process encouraged the choice of programs shown through published research to be effective in different locales and with multiple populations. These are known as research-based programs. SIG introduced the use of research-based programs to one of the two school districts in the valley. Prevention providers were already familiar with research-based program. The research-based programs that Snoqualmie Valley selected to address their prioritized risk and protective factors include the following:

- Life Skills Training
- Mentoring
- Family Support Home Visitation Program
- Strengthening Families
- Strengthening Multi-Ethnic Families

Other, less well researched programs were also used as part of the prevention infrastructure.

Objective 5: *To use common reporting tools...*

Common reporting tools include the Washington State Survey of Adolescent Health Behaviors and the Everest program monitoring outcome system. Because they are funded through many sources, prevention providers must observe multiple evaluation and reporting requirements. Both school districts participated in the WSSAHB. One prevention program, Life Skills Training, used Everest pre- and post-tests. Others used evaluation instruments that were developed by program designers or alternative methods of feedback.

Conclusion

Key achievements under the SIG project were the creation of the SIG coalition, which will reportedly continue after SIG funding ends; the introduction of

research-based programs and the Washington State Survey of Adolescent Health Behavior in Riverview School District; and the provision of prevention services to students and parents who otherwise would not have been exposed to prevention concepts. The Snoqualmie Valley Community Network's SIG project has shown progress toward meeting its internal SIG goals and objectives, and toward achieving the community level objectives established by the Governor's Substance Abuse Prevention Advisory Committee. During the third and last year of SIG community funding, Snoqualmie Valley intends to move toward institutionalizing some of the changes they achieved in the system of prevention planning, funding, implementation, and monitoring that they developed under SIG.

Snoqualmie Valley Community Network, King County

Year 2 Community Level Evaluation

The Washington State Incentive Grant

Snoqualmie Valley Community Network in King County is one of eighteen recipients of the Washington State Incentive Grant. The federal grant consists of a three year, \$8.9 million award from the Center for Substance Abuse Prevention to Washington State through a cooperative agreement with Governor Gary Locke's office. State agencies participating in SIG are committed to coordinating resources and reducing duplication of effort. Eighty-five percent of State Incentive Grant (SIG) funds are allocated to communities to prevent the use, misuse, and abuse, of alcohol, tobacco, marijuana, and other drugs by Washington State youth. In their efforts to reduce youth substance use, misuse, and abuse, it is expected that communities will reduce key risk factors and promote protective factors.

The goals and objectives of the *Washington State Incentive Grant Substance Abuse Plan* are listed in Appendix A.¹ They are summarized here:

Goals:

1. Prevent alcohol, tobacco, marijuana and other drug use, misuse and abuse by the state's youth.
2. Make the community level system more effective.

Objectives:

1. Establish local prevention partnerships.
2. Use a risk and protective factor framework to develop a community prevention action plan.
3. Participate in joint community risk and protective factor and resource assessment.
4. Select and implement effective prevention actions.
5. Use common reporting tools.

Introduction

The SIG evaluation is intended to provide feedback to state agencies and communities on their progress toward the goals and objectives stated in the Washington State Incentive Grant Substance Abuse Plan. Evaluation reports are

¹ Governor's Substance Abuse Prevention Advisory Committee (1999). *Washington State Incentive Grant Substance Abuse Prevention Plan*. Olympia, WA: Department of Social and Health Services, Division of Alcohol and Substance Abuse, State Incentive Grant Project.

provided as an integral part of that feedback. Research methods are described in Appendix B.

This report documents SIG-related activities for the second project year of the Snoqualmie Valley Community Network. It summarizes progress made toward achieving the community-level goals and objectives of the Washington State Incentive Grant. The report describes the ongoing challenges and successes in providing substance abuse prevention services for youth. It also reports the substance abuse prevention funding and planning necessary to implement one prevention program in the Snoqualmie Valley.

Information used in this second evaluation report came from face-to-face and telephone interviews, review of written reports, meeting minutes and data collected from survey instruments. Data was collected on funding sources and planning processes. A program implementation survey was conducted for the Life Skills Training program to determine the extent to which programs had to be adapted for the local clientele.

Background

Snoqualmie Valley is located in eastern King County. Seventy percent of its 35,000 residents live in unincorporated areas. Two school districts within the valley are involved in SIG-funded programs: Snoqualmie Valley School District in the south and Riverview School District in the north, with the first having a more extensive prevention history than the latter. Friends of Youth and Children's Services of Snoqualmie Valley are the only two prevention service providers in the area.

Progress Toward Community-Level Objectives

Progress made by the Snoqualmie Valley prevention community toward the five community level objectives established by the Governor's Substance Abuse Prevention Advisory Committee is described below.

Objective 1: To establish partnerships which include existing agencies and organizations, and families, youth, schools, and workplaces to collaborate at the local level to prevent alcohol tobacco, marijuana, and other drug use, misuse, and abuse by youth.

The Snoqualmie Valley SIG Coalition formed as a result of the grant. The coalition helped increase collaboration between prevention service providers and the schools. What follows is a summary of what informants think helped make the Snoqualmie Valley SIG Coalition a success.

The Snoqualmie Valley Community Network hired a non-stakeholder to facilitate the meetings. This person, from King County's Community Organizing Program, was able to set a tone of objectivity in the meetings. An educational piece on

prevention, usually interactive, was included in nearly every meeting, which helped motivate attendance.

There are only two prevention service providers in the valley. As a pre-condition for cooperation and coordination, this simplified things. Not so much coordination was required, and the strengths of came through, which reduced duplication. Children's Services concentrated on the younger age groups and Friends of Youth on the older children.

Both program managers and program providers were able to attend meetings and present direct reports to the group on program status. These presentations were a routine agenda item.

Because of their heavy involvement in the coalition and the rewards received from participating, temporary problems with the coalition's leadership structure did not deter the prevention service providers from continuing the coalition. Those problems are largely resolved now, but providers voiced determination to continue the coalition on their own, if need be, as they have found it so useful.

Objective 2: To use a risk and protective factor framework to develop a community prevention action plan which reduces factors which put youth at risk for alcohol, tobacco, marijuana, and other drug abuse and increase factors which protect or buffer youth from these risks.

and...

Objective 3: To participate in joint community risk and protective factor and resource assessment by collecting, assessing, and prioritizing community-level information for: a) youth alcohol, tobacco, marijuana, and other drug use, misuse, and abuse; b) risk and protective factor indicators; and c) existing resources and service gaps.

SIG sites used the risk and protective factor model in planning their prevention approaches. This model, developed by David Hawkins, Richard Catalano, and others at the University of Washington, categorizes influences that either increase the likelihood that a child will someday abuse substances or that help lessen the impact of those risks. Influences that increase the likelihood of substance abuse are known as risk factors; those that lessen the impact of risk factors are known as protective factors. Groups of risk and protective factors are categorized into domains of influence: community, school, family, and peer/individual. See Appendix C for a list of risk factors and protective factors, categorized by domain. Factors addressed by the Snoqualmie Valley Community Network SIG project are italicized within the list.

The Network has a strong history of using the risk and protective factor model. One reason for this is because Kevin Haggerty, a prevention researcher at the University of Washington's Social Development Research Group, is on the board.

Risk and protective factors are reportedly part of the common language in the valley's prevention community.

Collaborative planning is conducted at the SIG Coalition meetings. Grant availability and prevention service provider capacity are key determinants of the areas of prevention that will be addressed. Also considered are community feedback from presentations in each school district on results from the Washington State Survey of Adolescent Health Behavior, as well as the results themselves. Collaborative planning is a requirement for Community Public Health and Safety Networks. It was not introduced to the valley by SIG.

Some members of Snoqualmie Valley's SIG Advisory Board participated in King County's pilot test of the SIG-sponsored collaborative needs assessment in spring 2001. This was the first statewide attempt at collaborative assessment at the county level. Data was provided by the state. Participants were encouraged to consider local data, as well. The prevention community has agreed to continue sharing data beyond SIG requirements. Representatives of the prevention service provider, Friends of Youth, attended because they were in the process of renewing their Alcohol and Other Drugs grant, which comes from the Division of Alcohol and Substance Abuse through the Seattle-King County Department of Public Health to Friends of Youth. It funds half of a position in each school district to conduct all three of the student groups and perform teacher consultation and one-on-one prevention. The money is also used for treatment. Results of the King County collaborative needs assessment were not, in the opinion of one participant, useful for local planning as conditions in the valley differ from the remainder of the county.

Objective 4: To select and implement effective prevention actions that address priority risk and protective factors in the community by filling identified gaps in resources.

Prevention programs can be categorized by a rigor scale created by the federal Center for Substance Abuse Prevention. Rigor is the extent to which the program has been shown through scientific research to be effective in different locales and with multiple populations. The highest rating is rigor 5; the lowest is rigor 1. Programs ranked as rigor 5 have been shown effective and replicable across venues and populations in published, refereed research journals or in a meta-analysis.² Recipients of SIG grants are expected to deploy at least half of their efforts in research-based programs, also referred to as best practices. The rigor level of each program is noted below.

Research-based programs were not unknown to the valley before SIG funding was received. For example, Children's Services of Snoqualmie Valley has a menu of programs with the following characteristics: programs have universal

² A meta-analysis is an examination of a number of published research articles about the same subject. Findings from these articles are compared and sometimes combined to enable drawing conclusions that individual research articles did not warrant when examined independently.

access; they are integrated, with a range of intensive to enrichment; and they're created under the family support model, which implies that chosen curricula will be research-based and effective.

Riverview School District was less familiar with prevention research than was the other school district in the SIG project, Snoqualmie Valley. The Riverview School District required more training in the concept of research-based programming. The district decided to take over administration of the Life Skills Training program from Friends of Youth, but is modifying the curriculum. The contents have been changed from the original program design to the degree that it no longer qualifies for the status of research-based. While the district's sponsorship of Life Skills Training is a positive development in that the district is beginning to recognize and act on the need for prevention programs, more training is needed in the reasons why and how research-based curricula are the most effective.

Eight prevention programs received SIG funding in Snoqualmie Valley. The programs and associated rigor levels and providers are listed in the table below.

Table 1. Programs, Rigor Levels, and Providers

Program	Rigor Level	Provider
Parent Support Group	1-2	Children's Services of Sno-Valley
Family Support Home Visitation Program	3-4	
Strengthening Multi-Ethnic Families Parenting Program	3	
Youth Councils	1-2	Friends of Youth
After School & Break Recreation and Special Events	1-2	
RISE	1-2	
Strengthening Families	3	
Life Skills Training	5	
Mentoring	4-5	

Objective 5: To use common reporting tools which provide information on what works and what does not work to reduce youth alcohol, tobacco, marijuana, and other drug use, misuse, and abuse.

Common reporting tools include the Washington State Survey of Adolescent Health Behavior and the Everest program outcome monitoring system. These tools are explained in the following paragraphs.

The Washington State Survey of Adolescent Health Behavior, also referred to as the school survey or WSSAHB, is administered every two years in a representative sample of schools across the state. It is available to any other schools that are interested as well, at no cost. Funding for the survey is provided

through tobacco settlement funds administered by the Department of Health. WSSAHB data provide cross-sectional substance abuse prevalence rates and measures of risk and protective factors among 6th, 8th, 10th, and 12th grade students.

Schools associated with SIG community grantees were required to participate in the survey. The WSSAHB was administered for the first time in 1998 in the Riverview School District. Snoqualmie Valley School District has been administering the survey for years. WSSAHB results are reportedly similar for the two districts.

Everest is a web-based, prevention program outcome monitoring system developed for SIG by the Division of Alcohol and Substance Abuse. SIG community grantees have pilot tested Everest. The database design is based on findings from several prevention research studies in which Division of Alcohol and Substance Abuse has participated. It allows SIG grantees and providers to print out tests to be used as pre-tests and post-tests for measuring program outcomes. After administering the tests, answers for each question are entered by local staff over the web. Test results are immediately available to the community grantee and the program provider. Everest contains no identified data. Questionnaire responses are linked by a confidential code for each participant. This means that anyone reviewing the data in Everest would be unable to identify the answers that a particular person chose.

Life Skills Training is the only program in which Everest pre- and post-tests were used in Snoqualmie Valley. Testing during the second year of community funding was quite thorough, but was dropped during year 3 due to the provider's failure to receive feedback on report results and a lack of training in understanding Everest reports.

Alternative methods of program evaluation were used. Children's Services of Sno-Valley reports that their primary method of evaluation is listening to participants and staff. For example, staff noticed that one-third of the pre-school mothers enrolled in a non-SIG-funded program were of Hispanic origin. They observed that these mothers appeared isolated, so the staff began a support group targeted at Hispanic mothers of pre-school children. They provide educational activities at these meetings. The high school Spanish teacher needed some assistants in the classroom, and was scheduled to speak with the group to see if any of the mothers needed employment.

Another method of evaluating program success that Children's Services uses is the enrollment levels of longstanding prevention programs, such as Strengthening Multi-Ethnic Families. This program began in 1994 with 4 or 5 enrollees and is now at 15 per program occurrence in Duvall and has a waiting list in Snoqualmie. Staff credit community members' spreading the word about the program for the program's success at keeping enrollments high.

A final method of program success used in Snoqualmie Valley are the program evaluations that are created by program designers. For example, both Strengthening Multi-Ethnic Families and the Strengthening Families programs have pre- and post-questionnaires that were created by the researchers who designed the programs. Because they are funded through many sources, prevention providers must observe multiple evaluation and reporting requirements, cutting into class time.

Program Implementation Fidelity Survey Results

As part of the evaluation, one program in each SIG community was used to pilot a program fidelity survey known as the Program Implementation Survey (see Appendix E). Program implementation fidelity refers to how closely program providers in a local community follow the original design of the prevention program.³

The purpose of our inquiry into implementation fidelity was the development of a tool that can be used by local and state researchers to provide self-reported fidelity.⁴ Evaluators want to know if pre-test/post-test results were due to the program as it was designed, or were the results of a program unique to the site. The survey tells evaluation staff and local SIG providers and staff what they tested with Everest: the program named in their matrix or some variation of that program. The fidelity survey also gives local SIG providers and staff a comprehensive record of what was changed. When combined with Everest results, the survey can help determine two things:

1. If Everest results were positive, should this program be used again as it was administered this time?
2. If Everest results were mediocre or negative, should this program be modified, further modified, or abandoned for a different program?

Evaluators wanted to know from the survey if the results we were seeing from pre-test/post-test results were due to the program as it was designed, or were the results due to a program characteristic unique to the program site?⁵ The fidelity survey also gave local SIG providers and staff a comprehensive record of what was changed.

Life Skills Training was chosen for the program implementation survey in Snoqualmie Valley. Staff concluded that program fidelity was high. Changes were made only in that program days were split between two schools in order to

³ King, Jean A., Morris, Lynn L., and Fitz-Gibbon, Carol T. 1978. *How to Assess Program Implementation*. Newbury Park, CA: Sage.

⁴ Goodman, Robert M. 2000. Bridging the gap in effective program implementation: from concept to application. *Journal of Community Psychology*. 28(3): 309-321.

⁵ *Program Implementation Survey*. Washington State Incentive Grant Evaluation Team, September 2000.

include more students. No other significant changes were made to the delivery of the program. Sessions were altered in order to accommodate the time required to collect Everest pre-test/post-test data.

Conclusion

Project Successes

Respondents perceive SIG's impact in Snoqualmie Valley as positive. The grant promoted the use of risk and protective factors, research-based programming, and collaboration. SIG created a comprehensive overview. Children received wide exposure to prevention concepts. With the array of SIG-funded programs, there was less likelihood of kids falling through the cracks, as one respondent stated. SIG allowed the coverage of all bases.

The relatively large amount of funds available through SIG attracted many players in the prevention field, including law enforcement. For example, money that was previously spent on D.A.R.E. (Drug Abuse Resistance and Education program) became directed to school resource officers. As is reportedly common among prevention providers, those in Snoqualmie Valley examined the grant for its fit with their individual histories, took what they were doing, and fit it into the grant's requirements.

SIG created another vehicle by which to collaborate around prevention in Snoqualmie Valley. The SIG coalition increased the collaboration between prevention service providers and the schools. Having a small number of providers helped in collaboration efforts because the players all knew one another and there was less to organize and coordinate.

Challenges:

SIG funds were directed at programs for students in grades 4 through 9 and their parents. It is a challenging grant in its restrictions and its reporting requirements. Some respondents found SIG's focus on older elementary and younger teenage students frustrating, when their training and service provision focus on the need to change behavior in pre-school and early elementary years. The emphasis of SIG and other prevention grants on data use in planning and reporting prevention programs will reportedly "...be more credible when they start paying attention to data that shows early childhood is the time to intervene."

"It requires a patchwork quilt of funding to do prevention," is how one respondent summed up the funding of prevention programs. Multiple funders are often needed to provide one prevention program. Each funding source comes with its own program and evaluation requirements, leading to a level of administrative time and effort that is considered inordinate by prevention service providers.

An additional challenge can be the context in which prevention planning and provision are occurring. In Duvall, for example, there is a moratorium on additions to the sewer system, which limits new construction. Facilities for social services, including prevention, in Duvall are limited and sub-standard, with deteriorating heating and electrical systems. Locations are less than ideal. Services are forced to move frequently, resulting in difficulties for both staff and clients. The schools will not allow use of their facilities for after-school activities that are not school related. Public transportation is limited, with intermittent after-school activity buses. Programs that are held after school must have staff or parents of participants that are willing and able to provide transportation for program participants.

In sum, the Snoqualmie Valley Community Network's SIG project has shown progress toward meeting its internal SIG goals and objectives, and toward achieving the community level objectives established by the Governor's Substance Abuse Prevention Advisory Committee. During the third and last year of SIG community funding, Snoqualmie Valley intends to move toward institutionalizing some of the changes they achieved in the system of prevention planning, funding, implementation, and monitoring that they developed under SIG.

Appendix A:

Community-Level Goals and Objectives⁶

Goal:

Communities selected to receive State Incentive Grant funds will work to prevent alcohol, tobacco, marijuana, and other drug use, misuse, and abuse by the state's youth in these communities. They will develop and implement prevention plans, which will foster changes in the prevention system at the community level to make the system more effective.

Objectives:

1. To *establish partnerships* which include existing agencies and organizations, and families, youth, school, and workplaces to collaborate at the local level to prevent alcohol, tobacco, marijuana, and other drug use, misuse, and abuse by youth.
2. To *use a risk and protective factor framework* to develop a community prevention action plan which reduces factors which put youth at risk for alcohol, tobacco, marijuana, and other drug abuse and increase factors which protect or buffer youth from these risks.
3. To *select and implement effective prevention actions* that address priority risk and protective factors in the community by filling identified gaps in resources.
4. To *participate in joint community risk and protective factor and resource assessment* by collecting, assessing, and prioritizing community-level information for: (a) youth alcohol, tobacco, marijuana, and other drug use, misuse, and abuse; (b) risk and protective factor indicators; and (c) existing resources and service gaps.
5. To use common reporting tools which provide information on what works and what does not work to reduce youth alcohol, tobacco, marijuana, and other drug use, misuse, and abuse.

⁶ Governor's Substance Abuse Prevention Advisory Committee (1999). *Washington State Incentive Grant Substance Abuse Prevention Plan*. Olympia, WA: Department of Social and Health Services, Division of Alcohol and Substance Abuse, State Incentive Grant Project.

Appendix B:

Methods

1. Interviews: Interviews were conducted with lead agency contacts, as well as prevention service providers and school district employees. If audio-taped interviews were conducted, interviewees were informed at the beginning of each interview that the audiotapes were confidential, were for the purpose of ensuring accuracy and would be erased as soon as notes were taken from them. Questions were based on an interview guide, as well as related topics that arose during the interviews. Interview guides were modified after initial site visits, based on the interviewer's ability to obtain the desired information from the questions asked.
2. Program Implementation Fidelity Survey was completed on the Life Skills Training curriculum.
3. Baseline Planning and Funding Survey was conducted for the Life Skills Training curriculum.
4. Document Review
 - a. Local Progress Reports:
 - State Incentive Grant Six-Month Progress Report
 - b. Matrices: Prevention programs intended to address desired outcomes and associated risk and protective factors are described in detail in Community-Based Prevention Action Plan Implementation Matrix, created by SIG state project staff. Matrices were used to guide inquiry into the process of achieving anticipated local outcomes.
 - c. Local documents:
 - SIG Coalition meeting minutes
 - Local correspondence
 - Brochures on prevention programs
5. Analysis

Data analysis occurs throughout the research process in a case study, from the process of formulating the topic through the write-up. During and after interviews, information gathered is weighed in light of previous information. Questions and topics are modified as indicated by the new information. Data verification occurs through cross checking information from informants with that from other informants, documents, observation, and the researcher's journal entries.

Data analysis in a case study occurs by creating categories of information, broad at first, then becoming more specific. As familiarity with the study topic occurs, categories are related to one another and to theory. CSAP and COSMOS Corporation created broad data categories, around which interview questions and inquiry topics were framed. Data were gathered in the process of this evaluation with the intent of answering specific questions about system change in planning, providing, and evaluating prevention services for youth in local communities. Additional categories were included as it became apparent that they were of importance to the SIG community grantees.

Appendix C: Risk and Protective Factors, Categorized by Domain⁷

Note: Risk and protective factors addressed by the Snoqualmie Valley Community Network SIG project are italicized.

Domains	Risk Factors	Protective Factors
Community	Availability of drugs Community laws and norms favorable to drug use Transitions and mobility Low neighborhood attachment and community disorganization Extreme economic deprivation	Opportunities for prosocial involvement Rewards for prosocial involvement
Family	Family history of the problem behavior Family management problems Family conflict Favorable parental attitudes and involvement in the problem behavior	Bonding: family attachment Opportunities for prosocial involvement Rewards for prosocial involvement
School	Early and persistent antisocial behavior Academic failure Lack of commitment to school	Bonding: attachment to school Opportunities for prosocial involvement Rewards for prosocial involvement
Individual	Rebelliousness Friends who engage in the problem behavior Favorable attitudes towards the problem behavior Early initiation of the problem behavior Constitutional factors	Healthy beliefs and clear standards Bonding: attachment to prosocial peers Social skills

⁷ Modified from *A Guide to the Community Substance Abuse Prevention Projects*. December 2000. Governor's Substance Abuse Prevention Advisory Committee. Available from State Incentive Grant Project, Division of Alcohol and Substance Abuse, Department of Social and Health Services, PO Box 45331, Olympia, WA 98504-5331 (ph: 360 438-8065) or Washington State Alcohol/Drug Clearinghouse (ph: 800 662-9111 in-state; 206 725-9696 Seattle or out of state).

Date _____ Site _____ Program Service

Rigor Level _____ Beginning Date of Program Service _____ Ending Date of Program Service

Name and position/title of person supplying information

Appendix D: Baseline Planning and Funding Survey

Agency/Organization/ Business/Individual involved in funding, donating to, or planning this program service	Are they a funding source, i.e., were funds applied for through a competitive process, such as an RFP?	Are they a source of in- kind contributions? If so, what type (financial, space, food, volunteer, materials)?	Were they involved in planning?	If they were involved in planning, what was their involvement (in general, e.g., attended meetings, consultant, etc.)?

Note: Listing the SIG planning committee as a group is appropriate because they volunteered their time and effort in planning. If they also held a fundraiser, as a group, or sought additional funding, please list that. If an individual member of the committee put in extra time and effort to arrange for donations of any kind, please list that person separately. The goal is to map the efforts of individuals and groups involved in providing this program service.

Please add more pages as needed.



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