

Nutrition, Transportation, & Support Services

SFY13 Biannual Progress Report & Logic Model Evaluation FORM

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: [ ] 1st (7/1 -12/31) [ ] 2nd (1/1 - 6/30)

Provider: Grant # 607-13- Prepared by: Phone: Email:

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

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.
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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.
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### Logic Model Evaluation

Refer to SFY13 NTS Biannual Report [Instructions and Examples](#)

**Goal:**

<input type="checkbox"/> Short term <input type="checkbox"/> Intermediate <input type="checkbox"/> Long term	<b>Outcome #1</b>
<b>Indicator</b>	
<b>Data Strategy</b>	
<b>Finding</b>	

<input type="checkbox"/> Short term <input type="checkbox"/> Intermediate <input type="checkbox"/> Long term	<b>Outcome #2</b>
<b>Indicator</b>	
<b>Data Strategy</b>	
<b>Finding</b>	

<input type="checkbox"/> Short term <input type="checkbox"/> Intermediate <input type="checkbox"/> Long term	<b>Outcome #3</b>
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<b>Indicator</b>	
<b>Data Strategy</b>	
<b>Finding</b>	