DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta, GA 30341-3724
March 29, 2011

Program Title: National Programs to Build the Capacity of Societal Institutions That Influence Youth Behavior

FOA Number: CDC-RFA-DP06-601

Dear DASH-funded DP06-601 Grantee:

The project period for the above referenced award will expire on 05/14/2011. Under the terms and conditions of the award, the required closeout documents should be received on or before August 14, 2011.

To assist you in complying with these requirements, please refer to the enclosed "Assistance Award Closeout Requirements." You are hereby authorized to submit the required reports via electronic transmission if your closeout documents are 25 pages or less. If your closeout documents are more than 25 pages, you will need to send your documents through the mail (an original and two copies). Your submission of closeout documents (electronically or by mail) must include a cover page with signature, the progress report, and all required documents. Please submit the required documents to the attention of Vivian Walker, Grants Management Specialist (GMS). DO NOT MAIL COPIES if you have chosen to submit electronically. If electronic transmissions are not available, hardcopy submissions (an original and two copies) are acceptable. Submit to:

Centers for Disease Control and Prevention (CDC)
Attn: Vivian Walker, GMS
Procurement and Grants Office
Acquisition and Assistance Branch
2920 Brandywine Road, MS E09
Atlanta, GA 30341-4146

Should you have any questions regarding the completion or submission of these reports, please contact the above GMS at 770-488-2077 or vew4@cdc.gov.

Sincerely,

Vivian Walker
Grants Management Specialist
Enclosure: "Assistance Award Closeout Requirements" and all required forms.

**Year 5 Annual Report and Five-Year Performance Report Guidance for Program Announcement DP06-601 National Programs to Build the Capacity of Societal Institutions That Influence Youth Behavior**

## Overview

The following is a suggested format for preparing your project's final reports including:

- The Year 5 Annual Report for the project period, May 15, 2010 – May 14, 2011.
- The Five-Year Performance Report for the entire project period, May 15, 2006 – May 14, 2011.

We appreciate your time and effort in preparing these reports. Your accomplishments and the challenges you experienced in Year 5 and throughout the five-year cooperative agreement will help to guide CDC/DASH as we continue to support national efforts to improve adolescent and school health. Project reports will also assist CDC/DASH in communicating and demonstrating the impact of your funding.

We hope that the following suggested format will provide a historical picture of your efforts and will be of value to you and to CDC/DASH.

## Year 5 Annual Progress Report: May 15, 2010 – May 14, 2011

The Year 5 Annual Progress Report is due by August 14, 2011, which is 90 days after the end of the Year 5 project period.

If you have received a no-cost extension, this report is due 90 days after the end of the **extended** project period. (Example: A no-cost extension was approved for 6 months and therefore includes project activities from May 15, 2011 through November 14, 2011. This report would be due February 13, 2012.)

Please include in the Year 5 Annual Progress Report the following information for the category for which you were funded:

1. In each section, provide an update on the progress made on the Year 5 workplan objectives under each goal.

    a. For each objective, indicate if it was met, modified (provide an explanation), or not met (provide an explanation) and a summary of the results (program successes and lessons learned) considered significant during this project year.

    b. If any of the originally proposed objectives for Year 5 were discontinued or changed, please provide a brief explanation for the change.

    c. If objectives were added during Year 5, list them at the end of the section and provide a summary statement of progress made toward their achievement, including a list of the results (program successes and lessons learned) considered significant.

2. Comment Section: Include accomplishments or lessons learned that were not included in the information described in item one. Particularly important information would be strengthening of policies, institutionalization of programs, expansion of partnerships, and scope of impact.

**Five-Year Performance Report: May 15, 2006 – May 14, 2011**

The Five-Year Performance Report is due by August 14, 2011, which is 90 days after the end of the DP06-601 project period.

If you have received a no-cost extension, this report is due 90 days after the end of the **extended** project period. (Example: The no-cost extension was approved for 6 months and therefore includes project activities from May 15, 2011 through November 14, 2011. This report would be due February 13, 2012.)

Please include in the Five-Year Performance Report the following information for the category for which you were funded. A separate report should be completed for any supplemental funding received during the DP06-601 project period.

1. In each section, provide the five-year goals that were proposed for the project period that began May 15, 2006.

    a. For each goal, provide a summary statement of progress made toward its achievement, including a listing of the results (program successes and lessons learned) considered significant.

    b. If any of the originally proposed goals were discontinued or changed, please provide a brief explanation for the change.

    c. If goals were added during the five-year project period, list them after the original list, indicate when they were added, and provide a summary statement of progress made toward their achievement, including a list of the results (program successes and lessons learned) considered significant.

    d. Provide a summary of evaluation activities for each goal (as appropriate).

2. Comment Section: Include accomplishments or lessons learned that were not included in the information described in Item #1 above. Particularly important information would be strengthening of policies, institutionalization of programs, expansion of partnerships, and scope of impact.

3. Using the Success Story Criteria and Template as a guide, non-governmental organizations (NGOs) are encouraged to include at least one success story that describes a programmatic activity which was implemented using DASH funds (staff, money, etc.) during the five-year cooperative agreement that has resulted in compelling changes and benefits for young people. Success Story information can be found on the DASH homepage at http://www.cdc.gov/healthyyouth/stories/index.htm and by contacting your project officer.

4. Appendices Section: Include in the appendix those items that were accomplished using DASH funding (staff time and/or project dollars). Please include:

    a. New or revised program legislation;
    b. New policies created during the project period;
    c. New or revised board of education mandates, board rules, etc.; and/or
    d. Other items that were critical in the development or implementation of your program. Where appendices are lengthy, please provide an executive summary.

If you need additional time to complete the reports, please submit a request in writing, signed by the Project Director and an authorized business official. The request must be submitted to PGO and your project officer.

**Submission Instructions**

Please send your Year 5 Annual Progress Report and Five-Year Performance Report to your project officer electronically. If your required reports are 25 pages or fewer, you are authorized by the Procurement and Grants Office (PGO) at CDC to submit them via electronic transmission. The electronic transmission must include the following:

1. Cover page with signatures
2. Annual Progress Report for Year 5
3. Five-year Performance Report
4. Financial Status Report SF269
5. Equipment Inventory[1]
6. Final Invention Statement[2]
7. OPTIONAL: Success Story

If your report exceed 25 pages, you must mail hardcopies of your reports to PGO. You are required to submit an original and two copies of your report.

**Note: Lengthy appendices are not necessary. If an appendix item is lengthy, please only provide an executive summary.**

**All documents are due by August 14, 2011 unless a no-cost extension has been issued.**
Please submit the required documents to the attention of your Grants Management Specialist (GMS). Please be sure to cc: your project officer on your submission. DO NOT MAIL COPIES if you have chosen electronic submission. If electronic transmissions are not available, hardcopy submissions (an original and two copies) are acceptable. Submit to:

Centers for Disease Control and Prevention (CDC)
Attn: Vivian Walker, GMS
Procurement and Grants Office
Acquisition and Assistance Branch
2920 Brandywine Road, MS E09
Atlanta, GA 30341-4146
Email: vew4@cdc.gov

**Assistance**

Should you have any questions regarding the completion or submission of these reports, please contact the above GMS at 770-488-2077 or vew4@cdc.gov.

And as always, please contact your project officer directly via phone or email, or contact Kelly Bishop, National NGO Partners Team Lead at klbishop@cdc.gov or 770-488-6572.

[1] Please see Item #3 on the Assistance Award Closeout Requirements document for instructions.
[2] Please see Item #4 on the Assistance Award Closeout Requirements document for instructions.

**CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)**
**PROCUREMENT AND GRANTS OFFICE**
**ASSISTANCE AWARD CLOSEOUT REQUIREMENTS**

## 1. FINAL PERFORMANCE REPORT

The *Final Performance Report* should include information to fulfill any specific reporting requirements in the assistance award, a summary statement of progress toward the achievement of the originally stated aims, a list of the results (positive or negative) considered significant, and a list of publications resulting from the project, with plans, if any, for further publications. An original and two copies of the report are required.

## 2. FINANCIAL STATUS REPORT (FSR)

The enclosed SF 269 is to be used in preparing the final *Financial Status Report* (FSR). A cumulative FSR for the total project period is required. An original and two copies are required. Unobligated funds reported on the FSR will revert to the Federal Government. Should that amount not agree with the final expenditures reported to the Health and Human Services Payment Management System (PMS), you will be required to update your records to PMS accordingly.

## 3. EQUIPMENT INVENTORY/PROPERTY ACCOUNTABILITY REQUIREMENT

An original and two copies of a complete inventory must be submitted for all major equipment or property acquired or furnished under this project with a unit acquisition cost of $5,000 or more. The inventory list must include the description of the item, manufacturer serial and/or identification number, acquisition date and cost, and percentage of federal funds used in the acquisition of the item. You should also identify each item of equipment that you wish to retain for continued use in accordance with 45 CFR 74.37 or 45 CFR 92.50 for State and Local Governments. These requirements do not apply to equipment purchased with non-federal funds for this program.

The awarding agency may exercise its right to require the transfer of equipment purchased under the assistance award referenced in the cover letter (45 CFR 74.34 or 45 CFR 92.32) for State and Local Governments. We will notify you if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment, with a unit acquisition cost of less than $5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government, may be retained, sold or disposed of, with no further obligation to the Federal Government. If no equipment was acquired under this grant/cooperative agreement, a negative report is required.

## 4. FINAL INVENTION STATEMENT

An original and two copies of a final *Invention Statement* are required. If no inventions were conceived under this assistance award, a negative report is required. This statement may be included in a cover letter.

**CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)**
**PROCUREMENT AND GRANTS OFFICE**
**ASSISTANCE AWARD CLOSEOUT REQUIREMENTS**

## AUDITS

STATE AND LOCAL GOVERNMENTS:
Reference 45 CFR Part 92.26 and OMB Circular A-133

INSTITUTIONS OF HIGHER EDUCATION AND OTHER NON-PROFIT INSTITUTIONS: Reference 45 CFR Part 74.26 and OMB Circular A-133.

SMALL BUSINESS INNOVATIVE RESEARCH (SBIR): Reference 45 CFR Part 74.24 (d).

## GENERAL INFORMATION

All records pertaining to the activities performed under this assistance award must be retained in accordance with 45 CFR 74.53 or 45 CFR 92.43

# FINANCIAL STATUS REPORT

*(Long Form)*

*(Follow instructions on the back)*

| | | | |
|---|---|---|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency | OMB Approval No. **0348-0039** | Page of pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) | | | |
| 4. Employer Identification Number | 5. Recipient Account Number or Identifying Number | 6. Final Report ☐ **Yes** ☐ **No** | 7. Basis ☐ **Cash** ☐ **Accrual** |
| 8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year) | To: (Month, Day, Year) | 9. Period Covered by this Report From: (Month, Day, Year) | To: (Month, Day, Year) |

| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
|---|---|---|---|
| a. Total outlays | | | 0.00 |
| b. Refunds, rebates, etc. | | | 0.00 |
| c. Program income used in accordance with the deduction alternative | | | 0.00 |
| d. Net outlays *(Line a, less the sum of lines b and c)* | 0.00 | 0.00 | 0.00 |
| **Recipient's share of net outlays, consisting of:** | | | |
| e. Third party (in-kind) contributions | | | 0.00 |
| f. Other Federal awards authorized to be used to match this award | | | 0.00 |
| g. Program income used in accordance with the matching or cost sharing alternative | | | 0.00 |
| h. All other recipient outlays not shown on lines e, f or g | | | 0.00 |
| i. Total recipient share of net outlays *(Sum of lines e, f, g and h)* | 0.00 | 0.00 | 0.00 |
| j. Federal share of net outlays *(line d less line i)* | 0.00 | 0.00 | 0.00 |
| k. Total unliquidated obligations | | | |
| l. Recipient's share of unliquidated obligations | | | |
| m. Federal share of unliquidated obligations | | | |
| n. Total Federal share *(sum of lines and m)* | | | 0.00 |
| o. Total Federal funds authorized for this funding period | | | |
| p. Unobligated balance of Federal funds *(Line o minus line n)* | | | 0.00 |
| **Program income, consisting of:** | | | |
| q. Disbursed program income shown on lines c and/or g above | | | |
| r. Disbursed program income using the addition alternative | | | |
| s. Undisbursed program income | | | |
| t. Total program income realized *(Sum of lines q, r and s)* | | | 0.00 |

| | | | | |
|---|---|---|---|---|
| 11. Indirect Expense | a. Type of Rate *(Place "X" in appropriate box)* ☐ **Provisional** ☐ **Predetermined** ☐ **Final** ☐ **Fixed** | | | |
| | b. Rate | c. Base | d. Total Amount | e. Federal Share |

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13. Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

| | |
|---|---|
| Typed or Printed Name and Title | Telephone (Area code, number and extension) |
| Signature of Authorized Certifying Official | Date Report Submitted May 5, 2011 |

# FINANCIAL STATUS REPORT

*(Long Form)*



Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award (e.g., how to calculate the Federal share, the permissible uses of program income, the value of in-kind contributions, etc.). You may also contact the Federal agency directly.

| Item | Entry |
|---|---|
| 1, 2 and 3. | Self-explanatory. |
| 4. | Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service. |
| 5. | Space reserved for an account number or other identifying number assigned by the recipient. |
| 6. | Check *yes* only if this is the last report for the period shown in item 8. |
| 7. | Self-explanatory. |
| 8. | Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period." |
| 9. | Self-explanatory. |
| 10. | The purpose of columns, I, II, and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report *in the same funding period*. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation. |
| 10a. | Enter total gross program outlays. Include disbursements of cash realized as program income if that income will also be shown on lines 10c or 10g. Do not include program income that will be shown on lines 10r or 10s.<br><br>For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments. |
| 10b. | Enter any receipts related to outlays reported on the form that are being treated as a reduction of expenditure rather than income, and were not already netted out of the amount shown as outlays on line 10a. |
| 10c. | Enter the amount of program income that was used in accordance with the deduction alternative. |
| Note: | Program income used in accordance with other alternatives is entered on lines q, r, and s. Recipients reporting on a cash basis should enter the amount of cash income received; on an accrual basis, enter the program income earned. Program income may or may not have been included in an application budget and/or a budget on the award document. If actual income is from a different source or is significantly different in amount, attach an explanation or use the remarks section. |
| 10d, e, f, g, h, i and j. | Self-explanatory. |
| 10k. | Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors.<br><br>Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded.<br><br>Do not include any amounts on line 10k that have been included on lines 10a and 10j.<br><br>On the final report, line 10k must be zero. |
| 10l. | Self-explanatory. |
| 10m. | On the final report, line 10m must also be zero. |
| 10n, o, p, q, r, s and t. | Self-explanatory. |
| 11a. | Self-explanatory. |
| 11b. | Enter the indirect cost rate in effect during the reporting period. |
| 11c. | Enter the amount of the base against which the rate was applied. |
| 11d. | Enter the total amount of indirect costs charged during the report period. |
| 11e. | Enter the Federal share of the amount in 11d. |
| Note: | If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date. |

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

# Procedure for Submission of Final Invention Statement and Certification (For Grant or Award) Form HHS 568

A Final Invention Statement and Certification (Form HHS 568) shall be executed and submitted within 90 days following the expiration or termination of a grant or award. The Statement shall include all inventions which were conceived or first actually reduced to practice during the course of work under the grant or award, from the original effective date of support through the date of completion or termination. The Statement shall include any inventions reported previously for the grant or award as part of a non-competing application. This reporting requirement is applicable to grants and awards by Department of Health and Human Services in support of research.

The Final Invention Statement and Certification does not in any way relieve the person responsible for the grant or award, or the institution, of the obligation to assure that all inventions are promptly and fully reported directly to the National Institutes of Health, as required by terms of the grant or award. Information regarding the reporting of inventions, including the reporting form to be followed, may be obtained from the Office of Policy for Extramural Research Administration, Division of Extramural Inventions and Technology Resources, 6705 Rockledge Drive MSC 7980, Bethesda, Maryland 20892-7980, Telephone: (301) 435-1986.

The original of the completed Final Invention Statement and Certification is to be returned to the awarding component that funded the grant or award. The entire grant or award number must appear in the designated box on the form. The period covered by the Final Invention Statement is the project period of the grant or award at a particular grantee institution. If no inventions were involved, insert the word “None” in the first block under item Title of Invention. Each Statement requires the signature of an institution official authorized to sign on behalf of the institution.

The PHS estimates that it will take from 5 to 10 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information, and completing and reviewing the form. 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. If you have comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, send comments to: NIH, Project Clearance Office, 6701 Rockledge Drive MSC 7730, Bethesda, MD 20892-7730, ATTN: PRA (0925-0001). ***Do not send this form to these addresses; they are for comments only.***

Form Approved Through 06/30/2012
OMB No. 0925-0001

| **Department of Health and Human Services**<br>**Final Invention Statement and Certification**<br>*(For Grant or Award)* | DHHS Grant or Award No. |
|---|---|

**A.** We hereby certify that, to the best of our knowledge and belief, all inventions are listed below which were conceived and/or first actually reduced to practice during the course of work under the above-referenced DHHS grant or award for the period

____________________ through ____________________ .

*original effective date* *date of termination*

**B. Inventions** (Note: If no inventions have been made under the grant or award, insert the word *"NONE"* under Title below.)

| NAME OF INVENTOR | TITLE OF INVENTION | DATE REPORTED TO DHHS |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| *(Use continuation sheet if necessary)* | | |

**C. Signature** — This block ***must*** be signed by an official authorized to sign on behalf of the institution.

| Title | | Name and Mailing Address of Institution |
|---|---|---|
| Typed Name | | |
| Signature | Date | |

HHS 568 (Rev. 06/09)

# Privacy Act Statement

The PHS maintains application and grant records as part of a system of records as defined by the Privacy Act: 09-25-0112, Grants and Cooperative Agreements: Research, Research Training, Fellowship, and Construction Applications and Related Awards." The Privacy Act of 1974 (5 USC 522a) allows disclosures for "routine uses" and permissible disclosures.

Some routine uses may be:

1. To the cognizant audit agency for auditing.
2. To a Congressional office from a record of an individual in response to an inquiry from the Congressional office made at the request of that individual.
3. To qualified experts, not within the definition of DHHS employees as prescribed in DHHS regulations (45 CFR 5b.2) for opinions as part of the application review process.
4. To a Federal agency, in response to its request, in connection with the letting of a contract or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the record is relevant and necessary to the requesting agency's decision on the matter;
5. To organizations in the private sector with whom PHS has contracted for the purpose of collating, analyzing, aggregating, or otherwise refining records in a system. Relevant records will be disclosed to such a contractor, who will be required to maintain Privacy Act safeguards with respect to such records.
6. To the sponsoring organization in connection with the review of an application or performance or administration under the terms and conditions of the award, or in connection with problems that might arise in performance or administration if an award is made.
7. To the Department of Justice, to a court or other tribunal, or to another party before such tribunal, when one of the following is a party to litigation or has any interest in such litigation, and the DHHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party.
   a. the DHHS, or any component thereof;
   b. any DHHS employee in his or her official capacity;
   c. any DHHS employee in his or her individual capacity where the Department of Justice (or the DHHS, where it is authorized to do so) has agreed to represent the employee; or
   d. the United States or any agency thereof; where the DHHS determines that the litigation is likely to affect the DHHS or any of its components.

8. A record may also be disclosed for a research purpose, when the DHHS:
   a. has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained;
   b. has determined that the research purpose (1) cannot be reasonably accomplished unless the record is provided in individually identifiable form, and (2) warrants the risk to the privacy of the individual that additional exposure of the record might bring;
   c. has secured a written statement attesting to the recipient's understanding of; and willingness to abide by, these provisions; and
   d. has required the recipient to:
      (1) establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record;
      (2) destroy the information that identifies the individual at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the research project, unless the recipient has presented adequate justification of a research or health nature for retaining such information; and
      (3) make no further use or disclosure of the record, except (a) in emergency circumstances affecting the health or safety of any individual, (b) for use in another research project, under these same conditions, and with written authorization of the DHHS, (c) for disclosure to a properly identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or (d) when required by law.

The Privacy Act also authorizes discretionary disclosures where determined appropriate by the PHS, including to law enforcement agencies, to the Congress acting within its legislative authority, to the Bureau of the Census, to the National Archives, to the General Accounting Office, pursuant to a court order, or as required to be disclosed by the Freedom of Information Act of 1974(5 USC 552) and the associated DHHS regulations (45 CFR Part 5).

# Success Story Template for DASH Funded Partners

**This template is intended for use by DASH Funded Partners to describe their DASH funded programs/activities. Each section in the template is followed by a self-check, which outlines criteria relevant to that section.**

**1. SUCCESS STORY TITLE:**

***SELF-CHECK – Have you:***

- ☐ *Captured the overall message of the story?*
- ☐ *Included an action verb?*
- ☐ *Captured the reader's attention?*

**2. PROBLEM OVERVIEW:**

***SELF-CHECK – Have you:***

- ☐ *Described the problem being addressed and why it's important?*
- ☐ *Used data to frame the problem, including health burden and economic costs?*
- ☐ *Specified the affected population(s)?*

## 3. PROGRAM/ACTIVITY DESCRIPTION:

***SELF-CHECK – Have you:***

- ☐ *Identified who was involved, including your partners?*
- ☐ *Described the program/activity that was implemented, including where and when it took place and how it addressed the problem?*
- ☐ *Identified the target audience of the program/activity?*
- ☐ *Described how the progress of the program/activity is evaluated?*
- ☐ *Stated how DASH support contributed to the program/activity?*

## 4. PROGRAM/ACTIVITY OUTCOMES:

***SELF-CHECK – Have you:***

- ☐ *Identified the short-term or intermediate outcomes that demonstrate how the program/activity addressed the problem (e.g., change in policy, use of curriculum, change in school-level practices, establishment of additional funding, etc.)?*
- ☐ *Provided a conclusion to the success story that avoids using broad, sweeping statements such as "There was a noticeable increase in healthy eating habits"?*

**5. STORY ABSTRACT:**

**SELF-CHECK – Have you:**

- ☐ *Summarized the problem, program/activity, and outcomes?*

**6. CHECK IF ANY OF THE FOLLOWING ARE BEING SUBMITTED TO COMPLEMENT YOUR STORY:**

- ☐ Testimonials
- ☐ Quote from Partner/Participant
- ☐ Sample of Materials Produced
- ☐ Press Release
- ☐ Promotional Materials
- ☐ Photo(s) of Project
- ☐ Video/Audio Clip
- ☐ Other (Explain: ______)

**7. CONTACT INFORMATION:**

| | |
|---|---|
| Name: | Name: |
| Title: | Title: |
| Organization: | Organization: |
| Phone: | Phone: |
| E-mail: | E-mail: |

**8. DOES DASH HAVE PERMISSION TO SHARE THIS SUCCESS STORY?**

☐ Yes ☐ No

**9. DATE STORY SUBMITTED:**

**10. DASH PROJECT OFFICER:**

**11. Overall Style Reminders**

- ☐ Keep paragraphs short – no more than 5-6 sentences.
- ☐ Keep story to no more than two pages.
- ☐ Stick to the facts. Do not interject an opinion unless you attribute it to someone.
- ☐ Avoid using passive voice (e.g., “Trainings were provided.”). Use active voice (e.g., “X partner provided Y trainings.”), and be clear about who is doing the action in every sentence.
- ☐ Include direct quotes if they strengthen the story.
- ☐ Limit use of acronyms. If you use acronyms, spell them out on first mention.
- ☐ Use plain language.
- ☐ Avoid jargon. Readers often skip over terms they don’t understand, hoping to get their meaning from the rest of the sentence.
- ☐ Keep messages simple and concise.
- ☐ Avoid broad, sweeping statements (e.g., “There was a noticeable increase in healthy eating habits” or “A significant amount of money was saved”).