

6. Are any other staff (e.g., administrative, research staff) supported by the grant?
 Yes _____ No _____

If yes, please indicate the following:

Title _____ % of time charged to grant _____ Time charged as in-kind? _____

7. Are other sources of funds for the MCH program listed? Yes _____ No _____
 If yes, please complete the following chart:

Source of additional funds	Check source of funds identified	Amount if available
Other federal grants or contracts		
State grants or contracts		
Foundations		
Clinical income		
University support: In-kind		
Special (or new) positions		(How many?)
Other		
TOTAL		

8. Does the grantee state that the MCH support leveraged or generated other financial support?

Yes _____ No _____

If yes, how much? \$ _____ Not specified _____

Additional comments about the budget:

A. Administration/Organization

9. Are there any significant departmental changes that have resulted from the grant?

Yes _____ No _____ Not specified _____

If yes, briefly describe:

10. Are there any important cross-departmental collaborations that have resulted from the grant?

Yes _____ No _____ Not specified _____

If yes, briefly describe:

Additional comments about program administration/organization:

B. Training

Students

11. This question pertains to *student support*. Please fill in the following chart:

Number of students receiving financial assistance through grant	Degree type that student is working towards					Total
	Post-Doctoral	Master's	Doctorate	Other (specify)	Not available	
Tuition (partial or full) only						
Stipend only						
Tuition plus stipend						
Travel allowance						
Support provided, but no details on form of aid						
Total						

12. This question pertains to the *race/ethnicity* of students receiving support. Please fill in the following chart:

Number of students receiving financial assistance through grant	Race/ethnicity of student							
	White	Black	American Indian	Asian or Pacific Islander	Hispanic	Other	NA	Total
Tuition (partial or full) only								
Stipend only								
Tuition plus stipend								
Travel allowance								
Support provided, but no details on form of aid								
Total								

13. How many students are seeking degrees in the program but who *do not* receive direct financial support through the grant? Number _____ Not specified _____

14. How many students took classes *taught by supported faculty*? Number _____ Not specified _____

15. Did the grantee specify other trainees not captured above? Yes ____ No ____
If yes, please specify number ____ and type of trainee _____

16. Does the program have a way to measure student learning of skills?
Yes _____ No _____ Not specified _____

If yes, how?
Competencies _____
Special exams _____
Other _____ Specify _____

17. Does the program have a way to measure student attitudinal change?

Yes _____ No _____ Not specified _____

If yes, please describe:

18. Does the program have a way to measure student leadership skills?

Yes _____ No _____ Not specified _____

If yes, please describe:

Additional comments about current students:

Former Trainees

19. How many students have been supported through this grant previously who have now graduated?

Number _____ None _____ Not specified _____

If the grantee specifies a number, for how many years does this number apply? _____

20. Is any information provided on current jobs of former trainees?

Yes _____ No _____ If yes, for how many? _____

If yes, type of job (indicate number for each category):

Academic/research _____

Local administrative _____

State administrative _____

Federal administrative _____
Service/clinical _____
Unemployed _____
Unknown _____
Other _____ Specify _____

21. Is any other information provided on former trainees?

Yes _____ No _____

If yes, type information (check all that apply):

Publications _____
Continuing _____
education provided _____
Policy work _____
Technical assistance/ _____
consultation _____
Other _____ Specify _____

22. Is information on other leadership attributes of former trainees provided or discussed?

Yes _____ No _____

If yes, briefly describe:

Additional comments about former trainees:

Courses

23. How many courses were taught by supported faculty (either partially or fully supported)?

Number _____

24. How many MCH courses were taught by nonsupported faculty? (Determine as best you can by the title of the course.)

Number _____ Not specified _____

25. How many MCH theses (either master's level or doctoral level) were supervised by supported faculty? Number _____ Not specified _____

26. Does the grant support new courses that did not/would not otherwise exist?

Yes _____ No _____ Unknown/not specified _____

If yes, how many? _____

Additional comments about courses:

C. Continuing Education

27. How many *continuing education* courses or presentations were given by supported faculty?

Total number _____ Not specified _____

Total students _____ Not specified _____

List any examples, by title, that seem especially important, interesting, or compelling:

28. How many *continuing education* courses or presentations were given by other faculty?

Total number _____ Not specified _____

Total students _____ Not specified _____

List any examples, by title, that seem especially important, interesting, or compelling:

29. Were any *distance-learning continuing education* courses or presentations given by supported faculty?

Yes _____ No _____ Not specified _____

If yes, what type?

Web-based _____
TV _____
Satellite _____
Other _____ Specify _____

Additional comments about continuing education:

D. Services Provided

30. List the number and type of *consultation/technical assistance* provided by the grantee in this fiscal year (please indicate calendar year if this is appropriate _____):

Type of recipient	Faculty-provided technical assistance/consultation		Student-provided	Total technical assistance/consultations
	Grant-supported faculty	MCH, but not grant supported		
Community/local				
Own state Title V				
Own state, other				
Regional, other states				
National/federal				
Other				
Not specified				
Total				

List or describe any examples that are especially compelling (especially of results or outcomes and especially with Title V):

31. How many clinical care visits are provided as a result of this grant-funded program?

Number _____
 Not specified or not applicable _____

32. Has any new service program been initiated as a result of this grant?

Yes _____ No _____ Not specified _____

If yes, provide a brief description:

33. Have any existing service delivery programs been improved?

Yes _____ No _____ Not specified _____

If yes, provide a brief description:

Additional comments about services provided:

F. Program Development

34. How many research projects are supported faculty working on?

Number completed in this fiscal year _____

Number initiated or underway this fiscal year _____

Number research projects mentioned _____

List any titles or examples that seem especially noteworthy or interesting:

35. How many research projects are supported students working on?

Number _____ Not specified _____

List any titles or examples that seem especially noteworthy or interesting:

36. Do *supported faculty* participate in policy or advocacy work? Please complete the following table:

Type of activity	Total number separate activities by MCH faculty, as specified in document		
	Faculty who are partially supported	Faculty who are not supported	Total
Professional associations:			
Committee/task force			
Other			
National:			
Committee/task force			
Presentation			
Other			
State:			
Committee/task			

Type of activity	Total number separate activities by MCH faculty, as specified in document		
	Faculty who are partially supported	Faculty who are not supported	Total
force Presentation Other			
Community: Committee/task force Presentation Other			
Other: (university, international, etc.)			
Total			

Please list any examples of policy work that are especially compelling or interesting, and any results or outcomes that are particularly noteworthy:

37. Please indicate how the grantee is addressing cultural competency issues in the grant (check all that apply):

- Recruitment of trainees _____
- Recruitment of faculty _____
- Course development _____
- Collaboration with a cultural competence organization(s) _____
- Development of policies that address cultural competency _____
- Adaptation of clinical protocols _____
- Other, specify _____
- None specified _____

38. Does the grantee state that funds are used for faculty development?
 Yes _____ No _____

If yes, briefly describe:

Additional comments about program development:

G. Publications

39. Identify the total number of *publications* that have resulted from this grant in the current fiscal year:

Type of publication	Author		Total
	Faculty (supported by grant)	Students (supported by grant)	
Journal articles			
Reports			
Book chapters			
Books			
Abstracts			
Unspecified/unclear			
Total			

Additional comments about publications:

H. Regional/National Significance

40. Does this grant program have a multi-state or regional focus? Yes _____ No _____

If yes, how is that manifested? (check all that apply)

Multi-state conferences/workshops _____

Other continuing education _____

Technical assistance/consultation _____

Other _____ Specify _____

Additional comments about regional/national significance:

Other

41. What important aspects of this project are not captured by these questions?

42. Please photocopy any compelling anecdotes or examples that might be used to illustrate the accomplishments of this grantee. Please indicate if you have identified such examples:

Yes _____ No _____