

11/01

Intervention Plan – HIV Prevention/Education

Background

Applicant's type of agency: (check one)	
<input type="checkbox"/> State Health Department	<input type="checkbox"/> CBO (Non-minority Board)
<input type="checkbox"/> Local Health Department	<input type="checkbox"/> Faith Community
<input type="checkbox"/> Other Government	<input type="checkbox"/> Community Planning Group
<input type="checkbox"/> Academic Institution	<input type="checkbox"/> Other Non-profit Agency
<input type="checkbox"/> Research Center	<input type="checkbox"/> Other Collaborative Group (list partners)
<input type="checkbox"/> Individual	<input type="checkbox"/> Other (explain)
<input type="checkbox"/> CBO (Minority Board)	

If Collaborative Group, which of the following best describes the coordinating, tax-exempt, non-profit agency? (check one)	
<input type="checkbox"/> State Health Department	<input type="checkbox"/> CBO (Non-Minority Board)
<input type="checkbox"/> Local Health Department	<input type="checkbox"/> Faith Community
<input type="checkbox"/> Other Government	<input type="checkbox"/> Community Planning Group
<input type="checkbox"/> Academic Institution	<input type="checkbox"/> Other Non-profit Agency
<input type="checkbox"/> Research Center	<input type="checkbox"/> Other Collaborative Group (list partners)
<input type="checkbox"/> Individual	<input type="checkbox"/> Other (explain)
<input type="checkbox"/> CBO (Minority Board)	

Name of Applicant Agency:
If a collaborative group, name of the coordinating tax-exempt agency:
Name of project:
Year applicant agency was established:
If collaborative, list the year the coordinating agency was established:
Reporting period: [m/y to m/y]

Does your intervention correspond with the Community Plan Strategy? [check yes or no]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your intervention correspond with the Community Plan Target Population? [check yes or no]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Type(s) of evidence used as a scientific basis for this project: [check all that apply]
<input type="checkbox"/> Evaluated intervention(s) already
<input type="checkbox"/> Used previously evaluated intervention model(s)
<input type="checkbox"/> Applied formal theory in project development
<input type="checkbox"/> Applied informal theory in project development
<input type="checkbox"/> Used other type of scientific evidence (explain): _____
<input type="checkbox"/> Scientific basis not documented in this project

Type(s) of interventions: [check all that apply]	
<input type="checkbox"/> Individual Level Intervention (ILI) [complete gray sheet]	<input type="checkbox"/> Health Communication/Public Information (HC/PI) [complete ivory sheet]
	<input type="checkbox"/> Electronic or Print Mass Media
<input type="checkbox"/> Group Level Intervention (GLI) [complete pink sheet]	<input type="checkbox"/> Educational Presentation
	<input type="checkbox"/> Clearinghouse
<input type="checkbox"/> Outreach [complete green sheet]	<input type="checkbox"/> Hotline
	<input type="checkbox"/> Other Media
<input type="checkbox"/> Prevention Case Management (PCM) [complete yellow sheet]	<input type="checkbox"/> Other [complete blue sheet]
	<input type="checkbox"/> Community Level Intervention
	<input type="checkbox"/> Consultation
	<input type="checkbox"/> Training
	<input type="checkbox"/> Other _____