

11/01 COMPLETE BLUE SHEET ONLY IF PART OF ALL OF THE INTERVENTION INVOLVES AN INTERVENTION OTHER THAN THOSE PREVIOUSLY LISTED

Date: _____

**Other Interventions
– Intervention Plan –
Jurisdiction Aggregate Form**

Complete a <i>separate</i> form for <i>each</i> type of “Additional Intervention”	
<p>[1] Jurisdiction ID: _____</p> <p>[2] Intended number of other interventions this forms describes: _____</p>	<p>[3] Mark the <i>one</i> category that best describes the additional intervention that was implemented.</p> <ul style="list-style-type: none"> <input type="radio"/> Community Mobilizations <input type="radio"/> Social Marketing Campaign <input type="radio"/> Community-wide Events <input type="radio"/> Policy Intervention <input type="radio"/> Structural Intervention <input type="radio"/> Additional Interventions (<i>please specify</i>) _____

<p>[4] Provide statewide definitions or guidelines for this type of other interventions:</p> <p>a) Describe planning activities for other interventions</p> <p>b) Describe evaluation activities of other interventions</p>
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[5] Intended number of agencies participating in other interventions by type of agency:				
CBO-Minority Board _____	State Health Department _____	Academic Institution _____	Other Social Service Agency _____	
CBO-Non-Minority Board _____	Local Health Department _____	Research Center _____	Other (please specify) _____	
Faith Community _____	Other Government _____	Individual _____	_____	
Community Planning Group _____	Other Collaborative Group _____	Total _____		

*Use these variables for all interventions not reflected by the other six intervention types (see *Instructions* and Example Forms A-F).

THE FOLLOWING INFORMATION IS OPTIONAL FOR THE INTERVENTION PLAN

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[6] Describe the major concrete intended accomplishments for this particular type of Other Intervention (e.g., enhanced accessibility to HIV prevention services, creation of consortiums, community or policy changes, etc.):

[7] Proposed Implementation System: Monitoring and Evaluation

Monitoring System: <u>Key elements of the monitoring system:</u>
WHO: What type of staff will monitor the project?
HOW: How and how often will monitoring data be collected?
WHERE: Where will monitoring data be collected?

Evaluation System: <u>Type of Evaluation</u> [check all that apply]
<input type="checkbox"/> Process Evaluation
<input type="checkbox"/> Outcome Evaluation
<input type="checkbox"/> Impact Evaluation
<input type="checkbox"/> Other _____

Evaluation System: <u>Evaluator</u> [check all that apply]
<input type="checkbox"/> Project Supervisory Staff
<input type="checkbox"/> Project Implementation Staff
<input type="checkbox"/> Outside Evaluator
<input type="checkbox"/> Other _____