Date: \_\_\_\_

Program Description:

Provide general information about the program/project (herein referred to as "program") for which you are requesting evaluation services. Please attach any documents to aid your discussion.

Program Name: \_\_\_\_

Organization/Office/Division/Program: \_\_IHS/\_\_

Contact (Requestor):

Contact information:

Lead – Subject Matter Expert: \_\_\_\_

Contact information:

Lead – Evaluation:

Contact information:

Is this a Program Evaluation required per IHS Policy?

\_\_\_\_

## **Description of Program:**

- Funding
- Resources
- Target population(s)
- Expected results

\_\_\_\_

\_\_\_\_

# **Structure/Scope of the Program:**

- Number
- Status
- Area(s)
- Year(s)
- Cohorts

\_\_\_\_

\_\_\_\_

## **Stakeholders:**

\_\_\_\_

\_\_\_\_

\_\_\_\_

# Partnerships:

- Formal or not
- Vertical:
  - o National
  - o Area
  - o State
  - o Tribe
- Horizontal
  - o Across agencies/partners/stakeholders
  - At any level

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## **Evaluation Overview:**

Provide detailed information about what you want to evaluate. Please attach any documents to aid your discussion.

### **Description of the project of outcomes:**

- Short-, medium, long-term
- Outputs/Outcomes
- Process/Fidelity
- \_\_\_\_
- \_\_\_\_
- \_\_\_\_
- \_\_\_\_\_

Evaluation Type (Feasibility & Pilot Study, Sampling Designs & Statistical Methods,

Health Systems Analysis, Economics, and Financing or Technical Assistance & Training):

# **Purpose of Evaluation (improvement, budget, reports, etc.):**

- Formative
  - o Improvement
  - o Efficiency
  - o Effectiveness
- Summative
  - o Outcomes

- Dissemination plans
  - o Internal
  - o External

\_\_\_\_

- \_\_\_\_

# Logic Model/Theory of Change:

\_\_\_\_\_

What is the current evaluation capacity/resources within the program? (Staff, expertise, etc.):

- Resource availability
  - Internal program
  - o DPER
  - o Contract
  - o TA
- Evaluator's familiarity with program
- \_\_\_\_
- \_\_\_\_
- \_\_\_\_
- \_\_\_\_

What is your current time frame to begin and finish this evaluation?

\_\_\_\_

\_\_\_\_

# When and how evaluation will be communicated to grantees?

- Funding document?
- Selection criteria?
- Technical assistance?
- \_\_\_\_
- \_\_\_\_
- \_\_\_\_
- \_\_\_\_

## **Evaluation Data:**

## Describe how you expect to gather and analyze data for your evaluation. Please attach any documents to aid your discussion.

What data do you <u>currently</u> collect? (Type, frequency, source, analysis, use, storage, privacy issues, etc.):

- GPRA
- Health Data •

Will new or secondary data be needed to answer evaluation questions? (Type, frequency, source, analysis, use, storage, privacy issues, etc.):

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- Level
  - o Client
  - o Building
  - o Area
- Status
  - o New
  - o Secondary
  - o Changed
- Collection
  - o Frequency
  - o Accuracy/quality

- \_\_\_\_\_
- \_\_\_\_

- \_\_\_\_\_ Subject Protections
  - Paperwork Reduction Act (OMB)
  - o IRB
- \_\_\_\_
- \_\_\_\_
- \_\_\_\_
- Cybersecurity
  - Data security
  - o BAA and/or data sharing agreement
- \_\_\_\_

# How will you gather and analyze data for the evaluation?

- Evaluation rigor/quality
  - Internally valid
  - o Correlation/cause
  - o Simple/complex
- \_\_\_\_
- \_\_\_\_
- \_\_\_\_
- \_\_\_\_\_
- \_\_\_\_
- \_\_\_\_