**Evidence-Based Practice Application**

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Updated November 2020

***Applicant Description***

Agency

Address

City/State /Zip

Phone

Website

Program Director

Address

City/State /Zip

Phone

Email

**Proposed Program Summary**

**Environment (10 points)**

Define the boundaries of your service area (i.e., county, school district, city, etc.) (3 points):

Define the location in which the program is offered (2 points):

Explain how the location and service area boundaries coincide with this particular program (5 points):

**Significance (25 points)**

Please provide evidence of the need for this specific proposed program in your community (5 points).

Specific Target Population (3 points):

Number of people served by the proposed program (2 points):

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Explain how the proposed program will serve the community in a way no other evidence based program would

(15 points):

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**Staff (10 points)**

Who will staff the program for delivery and evaluation? (2 points)

How are program staff members trained? (2 points)

Explain the extent to which staff members are appropriately suited to deliver and evaluate the program (6 points):

**Approach (55 points)**

How will this program impact use of tobacco, alcohol, and other drugs (5 points)?

Goals specific to this proposed program (10 points):

First year:

Second year:

Third year:

Objectives (20 points):

First year:

Second year:

Third year:

Data sources for key outcomes (10 points):

First year:

Second year:

Third year:

Explain why you chose to measure these key outcomes with the data sources for this specific program (10 points):

**Additional Supporting Information**

The program has been documented as effective by three other sources: Yes No

Supporting documentation provided:

Source #1:

Source#2:

Source #3:

**Program Summary Worksheet**

What we invest:

Inputs

What we do:

Who we reach:

Outputs

 Activities Participation

1 year:

2 years:

3 years:

Outcomes – Impacts

Short Term Medium Term Long Term

Evaluation

Resources