

**ACTIVITY DATA COLLECTION - GROUPED DATA
COMMUNITY STRENGTHENING**

Agency Name:	Program Name:	
Service Definition ID (Refer to service provisions):		
Service Location City:	Service Location Zip:	Service Location NfL:
Activity Location Name (optional):		

Directions: For each type of community strengthening effort, please mark (X) one activity category and mark (X) all activities that apply to that activity category. **Please use a black ink pen.**

<p align="center">Activity Category Mark (X) ONE activity:</p> <p><input type="checkbox"/> Organizing community associations/networks</p> <p><input type="checkbox"/> Community events, celebrations, or fairs</p> <p><input type="checkbox"/> Information dissemination (e.g., brochures, newsletters, resource directories)</p> <p><input type="checkbox"/> Media Campaigns (e.g. radio, television, web, newspapers, magazines)</p> <p><input type="checkbox"/> Public speaking</p> <p><input type="checkbox"/> Other community strengthening effort</p>	<p align="center">Activity - Topic Mark (X) ALL that apply:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><input type="checkbox"/> Tobacco cessation</p> <p><input type="checkbox"/> School readiness</p> <p><input type="checkbox"/> Identification of and services for children with disabilities and other special needs</p> <p><input type="checkbox"/> Community resource awareness</p> <p><input type="checkbox"/> Safety education and violence prevention</p> <p><input type="checkbox"/> Prenatal care</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><input type="checkbox"/> Breastfeeding</p> <p><input type="checkbox"/> Nutrition</p> <p><input type="checkbox"/> Preventive health care for children (including oral health)</p> <p><input type="checkbox"/> Positive parenting practices</p> <p><input type="checkbox"/> Peer support networks</p> <p><input type="checkbox"/> Other community strengthening topic</p> <p><input type="checkbox"/> Not applicable</p> </td> </tr> </table>	<p><input type="checkbox"/> Tobacco cessation</p> <p><input type="checkbox"/> School readiness</p> <p><input type="checkbox"/> Identification of and services for children with disabilities and other special needs</p> <p><input type="checkbox"/> Community resource awareness</p> <p><input type="checkbox"/> Safety education and violence prevention</p> <p><input type="checkbox"/> Prenatal care</p>	<p><input type="checkbox"/> Breastfeeding</p> <p><input type="checkbox"/> Nutrition</p> <p><input type="checkbox"/> Preventive health care for children (including oral health)</p> <p><input type="checkbox"/> Positive parenting practices</p> <p><input type="checkbox"/> Peer support networks</p> <p><input type="checkbox"/> Other community strengthening topic</p> <p><input type="checkbox"/> Not applicable</p>
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<p>Number of occurrences:</p> <p align="center">□□, □□□, □□□□</p>	<p>Estimated # of people :</p> <p align="center">□□, □□□, □□□□</p>		
<p>(Single) Date: ___/___/____ (mm/dd/yyyy) OR</p> <p>Start Date: ___/___/____ End Date: ___/___/____</p> <p><i>(up to one quarter's data may be included as long as the date range stays within a single quarterly reporting period)</i></p>			
<p>Duration or average duration: _____ <input type="checkbox"/> hours OR <input type="checkbox"/> minutes OR <input type="checkbox"/> Not applicable</p>			

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Type of audience activity is directed at: Mark (X) ALL that apply.	<input type="checkbox"/> Parents/guardians <input type="checkbox"/> Children (0 to 5) served directly	<input type="checkbox"/> Other family members <input type="checkbox"/> Community-at-large				
Characteristics of audience as applicable: Mark (X) ALL that apply.						
<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;"> Ethnicity <input type="checkbox"/> No specific ethnicity OR </td> <td style="width:25%; border:none;"> <input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Asian </td> <td style="width:25%; border:none;"> <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino </td> <td style="width:25%; border:none;"> <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other </td> </tr> </table>			Ethnicity <input type="checkbox"/> No specific ethnicity OR	<input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
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<table style="width:100%; border:none;"> <tr> <td style="width:33%; border:none;"> Primary Language <input type="checkbox"/> No specific primary language OR </td> <td style="width:33%; border:none;"> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese </td> <td style="width:33%; border:none;"> <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Other </td> <td style="width:33%; border:none;"> <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese </td> </tr> </table>			Primary Language <input type="checkbox"/> No specific primary language OR	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese	<input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Other	<input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese
Primary Language <input type="checkbox"/> No specific primary language OR	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese	<input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Other	<input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese			
Is activity directed at children with disabilities, other special needs or their families? If yes, mark (X) <input type="checkbox"/>						