

**Activity Data Collection - Grouped Data
Infrastructure Investments**

Agency Name:		Program Name:	
Service Definition ID (Refer to service provisions):			
Service Location City:	Service Location Zip:	Service Location NfL:	
Activity Location Name (optional):			
Type of Investment (Activity Category) Please mark (X) ONE activity.			
Facilities/capital improvement			
<input type="checkbox"/> Improving safety/age appropriateness of facilities			
<input type="checkbox"/> Becoming compliant with Americans with Disabilities Act (ADA)			
<input type="checkbox"/> Building new facilities			
<input type="checkbox"/> Expanding facilities			
<input type="checkbox"/> Other facilities/capital improvements			
Purchasing equipment or materials to enhance service quality (over \$5,000)			
<input type="checkbox"/> Van(s)			
<input type="checkbox"/> Books and educational materials			
<input type="checkbox"/> Computers and office equipment			
<input type="checkbox"/> Play equipment			
<input type="checkbox"/> Furniture			
<input type="checkbox"/> Other equipment or materials			
<input type="checkbox"/> Other infrastructure investment			

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Directions: As applicable, list the number of occurrences, the estimated number of people and the audience characteristics.

(Single) Date: ___/___/_____ (mm/dd/yyyy) OR Start Date: ___/___/_____ End Date: ___/___/_____		
<i>(up to one quarter's data may be included as long as the date range stays within a single quarterly reporting period)</i>		
Number of occurrences: <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Estimated # of people: <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	
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.		
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
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"/>		