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| **Project name** | Click or tap here to enter text. | |
| **Total support requested**: Click or tap here to enter text. | | **Proposed program duration**:Click or tap here to enter text. |

**Evaluation Goal**

Provide a short statement of what you hope to determine with this evaluation and how the information will be used.

*Ex. This evaluation will determine the effectiveness of this intervention on rates of patients with uncontrolled diabetes. Additionally, we will examine how the program affects patient’s perception of their ability to self-manage their diabetes. Results of this evaluation will be used to determine which program components should be expanded and to aid in securing additional support.*

**Mobile Health Unit Team**

List the members of your team and describe their role related to this project. Add additional rows as needed.

|  |  |  |
| --- | --- | --- |
| **Name** | **Title/Role** | **Responsibilities** |
| *Ex. Cam Smith* | *Lead Evaluator* | *Oversee all evaluation activities*  *Coordinate meetings* |
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**Data Collection Plan**

List the data that will be collected for this evaluation including the data source and how it will be collected.

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| **Measure** | **Data Source** | **Data Collection Method** |
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**Outcome Evaluation**

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| **Evaluation questions** | **Data source** | **Evaluation methods** | **Outcome measures** | **Communication of findings** |
| **Aim 1:** | | | | |
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| **Aim 2:** | | | | |
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| **Aim 3:** | | | | |
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