

The “PAR” Guide
Department of Community, Trade and Economic Development
Guidelines for Submission of the Program Activity Reporting Form (PAR)
2005-2007

Please contact your Community Mobilization Program (CM) Regional Representative with any questions or concerns about the PAR Form or the PAR Guide.

Your CM Regional Representatives are

Regions 1 & 4: Visudha de los Santos, (360) 725-3036, e-mail visudhad@cted.wa.gov;

Regions 2 & 3: Ramona Leber, (360) 725-3033, e-mail ramonal@cted.wa.gov.

Please call your CM Representative with any problems you experience with your PAR data entry *immediately*, so that we can work together to resolve them.

When and How to Submit your PAR Data:

1. CTED requires you to enter PAR data ***every*** six months for each of your programs as described in your application Forms 8A that are currently in operation. Should the project conclude before the required due dates, we recommend that you enter the data upon completion of the project or program. This will ensure more accurate data collection and entry. All PAR data is done via the web. The website will be published shortly. Contact your CM Regional Representative to find out, or to change, your PAR Form web login and password.
2. The Program Activity Reports (PARs) are due 30 days following the end of each six-month reporting period.
3. PAR Data is aggregated at the end of each state fiscal year. Data in the PAR should reflect an unduplicated count of program participants or service activity, each year. That means you should report only services that occurred in that PAR's six-month reporting period, and only about participants who received services during the current year. For the first six-month reporting period (July 1 - December 31), enter all participants who entered the program. For the second six-month period (January 1 – June 30), enter only participants who first entered the program during that second six-month period. This means if 70 people participated in the program during the second reporting period, but only ten are “new” to the program in the reporting period, report only data related to the ten “new” people.

General Instructions for Completing the PAR Form:

Fill out one PAR form for each Form 8A program that is conducted. For the purposes of this form, a program is defined as a discrete coordinated effort using one or more specific activities to produce a change in risk or protective factors in a particular population.

CM staff at CTED will pre-fill your Form 8A titles to the PAR site before you will be able to enter any PAR data for each Form 8A. The Form 8A titles will then be available on the PAR site in a drop-down box. Each PAR Form is associated by number with a specific Form 8A from your CM funding application. For example, if your Form 8A #1 is for Strengthening Families programs, then all PARs entered (one or more) for Strengthening Families Form 8A #1 will be identified as such when you enter the PAR data; if your Form 8A #2 is for your Meth Action Team, then you will identify your Form 8A #2 when you enter your Meth Action Team PAR(s), and so forth.

Instructions for Individual Items on the PAR Form:

I. Local Program Title (Page 1): Select the name of the program.

Select your Form 8A Local Program Title and number from the drop-down box. The drop-down box contains your Form 8A titles from your CM funding application. CTED staff will have already entered these titles. You must enter PAR data for each Form 8A program that provided services during each reporting period. This approach will ensure that the local program title exactly matches the information you provided in your CM Application. It will also ensure that you cannot enter PAR data unless you have an approved Form 8A on file at CTED for the reported activity. Should you find that you need to change or update your Form 8A activities, please submit a new form 8A to your CM Regional Representative. Form 8A activities must be approved by CTED prior to beginning the activity.

Service Provider Name (Page 1): Write in the name of the service provider. This item should read the same from reporting period to reporting period.

Site Address (Page 1): Write in the address where services or activities took place. If more than one location is used, choose the one that most closely reflects your participants' location.

Date (Page 1): The date field is automatically filled with the date you enter the PAR online system.

County (Page 1): Check the box for the county where services occurred. The PAR site has been updated to reflect county consortium, where they occur.

Program Implementation Type (Page 1): Check the box that best identifies the program or activity for which the PAR provides information. This information will help CTED staff identify the best practices and other types of programs local CM contractors provide. It also ensures that data is entered for community organizing activities and for the meth action teams. If you check one of the best practices boxes, please ensure that your program title

exactly matches the title of the program as listed on the WestCAPT site:
<http://captus.samhsa.gov/western/western.cfm>.

Program Status (Page 1): Enter the initial date of service. This date must be July 1, 2005 or later. Even if you provided the program in the previous biennium, the start date cannot be earlier than July 1, 2005.

Completed (Page 1): Check the box if the project is complete. Otherwise, leave blank. The project is considered complete if you will not have any further sessions during the 2005-2007 biennium, or if it is the last day of the biennium (June 30, 2007).

Reporting Period (Page 1): Check the box corresponding to the period for which the PAR is reporting services. There are four reporting periods in a biennium. They are:

1st: 7/01/2005-12/31/05

2nd: 01/01/06-6/30/06

3rd: 7/01/06-12/31/06

4th: 01/01/07-6/30/07

Funds Expended (Page 1): Estimate the amount of CM Prevention Funds expended this reporting period. This information tells CTED how much CM contractors expend for different types of projects.

II. Risk or Protective Factors Targeted by the Form 8A Activity (Page 2): These items should be completed for 1) Your Community Organizing PAR; or 2) Any program that is either partially or fully funded through CTED, including your Meth Action Team. Select the risk/protective factor that has been identified as the primary target for the program's intervention (protective factors are shaded).

A special note about **Community Organizing**: This category captures activities that occur as part of Community Mobilization Programs, but are not specifically tied to services targeting a specific risk or protective factor. For example, many CM Coordinators help other organizations or groups within the community organize, so that the groups can deliver prevention services. This is an important activity for CTED-funded programs. This reporting ensures that data is collected about organizing activities provided by CM Coordinators.

Organizing may include services provided by CM personnel that directly increase another group or organization's capacity to deliver prevention-related services. Examples include helping County Commissioners understand prevention services, facilitating or chairing a task force on prevention, or helping a school PTA get organized to provide prevention services to students. Some support activities help indirectly in that effort. For example, providing food and coffee for a meeting, or helping a group resolve administrative or financial problems.

In general, if the service provided increases the prevention capacity of a county, then it is an organizing activity.

III. Program Activity Sessions and Service Hours (Page 2):

Report the numbers of sessions in which participants received program services. This is the number of times a group met or an event took place during the program period. For example, if a parenting class met one night a week for 7 weeks, then enter 7. Or, if the Form 8A activity concentrates over a number of days (e.g., a Ropes course given over the weekend), each day counts as one session.

Report the number of direct service hours for each scheduled session provided as part of the program. If the reported activity is a concentrated activity, enter the number of hours spent each day in the activity (e.g. The Ropes course in the example above meets for 6 hours each day it is in session).

Direct Service hours are those hours program staff/volunteers were in actual contact with the participant population.

Total Direct Service Hours: The web system automatically calculates and enters the total. (The system multiplies the number of activity sessions by the number of service hours.)

IV. Community Organizing Service Hours (Page 2):

Report the number of community organizing staff hours provided for this activity. Include the hours committed by every staff paid for this activity. For example, if two CM staff worked on this activity, one for 5 hours and one for 2 hours, report 7 hours.

Report the number of coalition hours provided for this activity. Include the total number of hours the coalition met for this activity. For example, if the coalition met for 3 hours Tuesday night and 2.5 hours Thursday night, report 5.5 hours. Do not report the number of hours times the number of coalition members attending the activity.

Report the number of volunteer hours provided for this activity. Include the total number of hours devoted by every volunteer for this activity. For example, if Volunteer #1 provided 3 hours of support on Tuesday and 1.5 hours of support on Friday, his total is 4.5 hours. If Volunteer #2 also devoted 2 hours on Tuesday and 2 hours on Friday, her total is 4 hours. In this way, add any additional hours devoted for each additional volunteer. In this example, if there were only two volunteers, then total volunteer hours would be 8.5.

V. Number of Unduplicated Participants in the Program (Page 2):

1.) Fill in the unduplicated number of new participants who participated in the program. Count each person only once per program. Count everyone who received any services at all, even if they didn't receive the full complement of services in that program. Note that this number will vary tremendously across programs.

For example: 20 people came to all 12 sessions of a parenting class. Three additional people came to ten of the 12 sessions, and two additional people came to only one session. You would count 25 people who had received at least some of the services. In the second reporting period, these 25 people attended the class. The class also had 3 new participants that came to all of the sessions. 2 participants came to 8 sessions. You would count 5 people as new participants. The previous 25 participants are not counted in the second reporting period.

Identify whether the population receiving services was targeted as universal, selective, or indicated. (This information should agree with the information you gave in the application, Form 8A.) For definitions of these terms, go to <http://captus.samhsa.gov/western/western.cfm>, click on “Planning and Best Practices,” then click on “Step 5, Focus Your Efforts.”

Complete items 2-4 only if the program is a large community event:

- 2.) Provide an estimate of the number of participants reached at a large community event.**
- 3.) Provide an estimate of the number of participants exposed to a media campaign.**
- 4.) Provide an estimate of the number of pieces of literature distributed at a large community event.**

For example: Your project is a community event with an accompanying public service radio announcement in which the intent is to increase awareness of the effects of Meth. The radio announcement is a mass-media campaign and may be heard by thousands of people. You will estimate the number of people exposed to the radio ad. Enter the estimate into the block. You will also estimate the number of people attending the community event, and the number of pieces of literature distributed.

VI. Participant Demographics (Page 3):

Fill in the demographics of the new participants. Note that the total number of participants in each demographic section should equal the number of new participants in Section V above.

- 1. Ages of Participants:** New Participants: Fill in the number of participants of each age group. If no participants were from a specific group, leave the item blank.
- 2. Race of Participants:** a) Enter the number of new participants of each race who participated in the program. If no participants were from a specific group, leave it blank.
b) Enter the number of new participants who were of Hispanic or Latino/Latina origin.
- 3. Gender of Participants:** Enter the number of new participants from each gender that participated in the program.

- 4. Where New Participants Came From:** Enter the number of new participants who were referred to the CM Program from each resource listed. If no participants were from a specific resource, leave it blank.

VII. Number of Personnel Providing Services (Page 4): Indicate the number of personnel and volunteers providing program services from each of the sources listed on the form. If no personnel were from a specific source, leave it blank. Also, count a person as providing services no matter how few actual hours they provided. For example, a person providing only one hour of service should still be included in the count. Important note: Count both paid and unpaid personnel (volunteers) who provided service, in the appropriate column. A person is considered to be “unpaid” if they are not paid by anyone for the prevention services they provide.

In addition, indicate the percent of funding provided by each Source in support of the program activity. If no funding was from a specific source, leave it blank. Total percentage must equal 100%. Important note: Funding should include in-kind funding, matching funds, donated materials, donated labor, and other kinds of material help, as well as direct financial resources.