**Core SVIPP APR Q&A and Additional Clarification**

1. **What fields are required to be completed?**
	1. All required fields are shown. Anything additional will be added through clicking buttons
2. **Difference between “Sub-Strategy” and “Activity”?**
	1. Sub-Strategy – high level 5 year construct. Specific program or approach. Think of as brief snippet/description of work to describe what you are doing in a sentence or two.
	2. Activity – Specific work being implemented annually by yourself/partners. Still major activities for that year, but should change annually as you progress through implementation, evaluation...
3. **Annual activity start date and end dates? Earliest start date is Sept 2016, funding started in August 2016.**
	1. All start dates selected “Sept 2016” will be changed to August 2016 on the back end once we received the template. We will make this adjustment to the template next year.
	2. Progress Reporting: Start date for year 1 should not be before Sept. 2016. (I realize that your funding actually started 8/1, but earliest start date option in Sept 2016). Just go with Sept. We will update next year. End date would ideally be before end of budget year (July 17), but understand that not all of these will truly be annual activities.
	3. Work Plan: Start date ideally August 17, but understand that some activities may carry over from first year and have an earlier start date. End date by end of year or before ideally (July ‘18)
4. **What do I select for the Activity Status dropdowns since we are only reporting on the first 6 months of year 1?**
	1. Progress Reporting: It is fine to have activities that are “Ongoing” as we have not even made it half way through the first year. If they are ongoing across budget periods that is fine as well, though try to limit activities (or at least wording of them) to annual activities.
	2. Work Plan: May be “New” activity for that year or continuation of “Ongoing” activities from previous budget year.
5. **Long-Term Indicators:**
	1. **Do I report on the state or target intervention level?**
		1. Remind states that for all indicators related to fatalities, ED visits, and hospitalizations in the APR, they only need to submit data on intervention populations. State level data for these indicators will be reported through the Injury Indicator Spreadsheets later in the year. If the state does not have an intervention population (i.e. all interventions for this topic are at the state level), they do not have to report on the fatality, ED, hospitalization indicators in the APR.
		2. All other indicators should be reported on the state level or intervention population if applicable as described in the indicator guidance.
	2. **What year should we submit for the standard Long-term indicators?**
		1. General guidance: Please submit the most current data year available in your state. You are reporting the data year so we can sort and filter if needed.
		2. **Specifically for fatalities, hospitalizations, ED data:** Ideally this would be 2015 data if available in the state, 2014 if not (since this is still early in 17, its possible some states don’t have their full 2015 data yet, but they should by the Fall).
			1. If the state has 2016 data available, we do not want that submitted at this time as we are only collecting baseline and the methods for 2016 data have not been finalized.
			2. The indicator instructions provided are for 2014 because that guidance for 2015 has not been developed yet, once developed it will be disseminated to states
			3. If reporting 2015 hospitalization and ED data, remind them to follow the guidance provided by Renee at the meeting of using Federal FY15 ICD-9-CM data (last quarter of calendar year 14, first 3 quarters of CY 15).
	3. **LT indicator “Rate of MVC-related TBIs in Young Adults 15-24” Calculation?**
		1. Guidance for calculating indicator is on page 2-3 of the attached TBI-SER document. We did not include this in the initial guidance that was sent out. Please disregard the rest of that document.
		2. Even though the indicator title reads “Rate…”, submit a case count number. We can determine the crude rate here based on intervention population reported. Will update in the APR next year
	4. **CAN Long-term indicators**. Please refer to the updated guidance document entitled “SVIPP APR TEMPLATE GUIDE\_FINAL\_3-7Update” for updated guidance on completing the CAN LT indicators.
	5. **Indicators in the APR do not match with indicators from the FOA. What do we report?** We adjusted the standardized LT indicators from those listed in the FOA based on discussion SMEs and through the process of developing guidance. You only need to report on the LT indicators that are listed in the APR. You can disregard the initial list from the FOA.
6. **Completing standardized LT outcomes. What if my work doesn’t align with indicator?**
	* 1. We would like you to submit even if you are not implementing work that directly aligns with indicator. E.g. impaired driving.
		2. We will be aligning with your interventions to ensure reporting out on your work appropriately
		3. If you have questions on the ICD-9-CM to 10-CM transition, we will refer to guidance provided by Renee with the injury indicators. We only have guidance to provide you on this transition for the MV & TBI indicators, we do not have guidance for this on CAN & SV/IPV you will notice we do not have any ED/Hosp indicators for those topics
		4. 911 Calls – Inclusive vs exclusive. If you do not have access to data to report on an indicator or it would be a great burden on you or your partners to collect, that’s ok. You do not have to submit if you don’t have the data.
7. **Additional (state-defined) LT Indicator Table drop downs not functioning?**

We have identified an issue with the SVIPP APR template in the additional (state-defined) long-term indicators table under each topic area on the long-term indicators tab. The “Measurement Unit” and “Directionality” fields are not activated. If you wish to provide CDC with additional state defined long-term indicators, please complete the “Indicator Description”, “Data Source”, “Baseline”, and “5-Year Goal” fields. Your evaluation officer will then follow up with you after submission of the template to confirm the “Measurement Unit” and “Directionality” fields for each indicator submitted.

1. **State defined Intermediate vs LT indicators. Where to place each?**
	* 1. All intermediate indicators should be state defined
		2. LT state defined indicators should be reported on LT indicators tab. 3 places to submit under each topic area.
			1. Leave it up to state to determine if indicator is intermediate or LT, but generally LT should be morbidity/mortality or behavior change that may take time to achieve
2. **What will be Pre-populated moving forward and can we change if needed?**
	1. Sub-strategies and intermediate indicators will be pre-populated each year starting next year based on previously submitted APR.
	2. You will have the ability to adjust work if necessary each year even if pre-populated. We understand things change
3. **What if different communities/organizations implementing different programs (FOA Strategy 4)? “Sub-Strategy Program” dropdown does not allow you to make more than one selection per sub-strategy.**
	1. Ex. Home Visitation. Each county implementing different program
	2. Select “Other” from drop-down and fill in all programs in other text field.
4. **Pdf for grantsolutions?**
	1. You will submit a pdf copy of the template through grantsolutions. Do not worry about the format or how it looks, this is just to serve as a placeholder in the official submission record. The version that we will actually use will be what you send directly to your project officer in Excel.
5. **Optional fall submission?**
	1. We will provide all states the opportunity to update their APR to close out reporting on the current budget period annual activities (2/1/17 - 8/1/17) in the Fall. You may also update data on indicators at this time if you happen to have more data available than you did when you submitted in April 17.