

Healthy Kids, Healthy Families® Evaluation Questionnaire

Information Provided to Grantee:

- Organization Funded
- Project/Program Title
- Grant Amount
- Project Information (entire open ended question field from application)

Section 1 Outcomes

1. In regards to the high level overview and strategies employed to implement your project, please summarize how your grant has been used to accomplish the intentions stated.
2. In regards to the specific tactics and activities outlined to address health and wellness, please describe your accomplishments related to each. *Responses should be specific and directly related to the expectations stated in your application.*
3. Have you achieved the results expected? *Please respond 'Yes', 'No', or 'Partially', and provide an explanation to clarify your response.*
4. Please provide information regarding any challenges faced in accomplishing your desired outcomes. In addition to explaining these challenges, please describe how you responded to these situations. *For example: circumstances where your results were different from your expectations, obstacles your organization faced while trying to implement your project, etc.*
5. Blue Cross and Blue Shield of X values the benefit of partnerships in serving the community. Please describe any partnerships that have been formed or strengthened as a result of this project.
6. Please tell us about any additional funding or resources you have leveraged as a result of this grant.
7. Please describe how this project has contributed to the sustainability of your organization. *For example: would a service have been cut if this funding had not been provided?*

8. Please describe this program's lasting impact on the health and well being of the individuals and communities receiving services.
9. How have you acknowledged BCBSX's support?
10. Please provide copies (advertisements, brochures, media, etc.) if available. *To upload your document, click the Browse button, locate the item on your computer, click OK, then Upload.*
11. Please provide any additional comments. We would welcome learning about any specific success stories you can share.

Section 2 Outcomes

1. The estimated (proposed) number of children served indicated in your funding proposal was: (auto-filled from application, read only to grantee)
2. Please indicate the actual number of children served from this program funded in 2013:
3. If there is a large discrepancy between your estimate and actual, please clarify
4. If you collected data regarding adults served by this program, please let us know how many adults benefitted from this program funded in 2013:

Of the total funding received through HKHF and BCBSX, what percentage of funding(s) resulted in the following: *Please note: total may not exceed 100%, if no percentage was served in a particular program, enter 0.*

- Increased amount of physical activity
- Increased knowledge of healthy food consumption
- Increased consumption of healthy food options
- Increased access to care
- Increased utilization of direct medical services
- Increased awareness of how to avoid illness or disease
- Increased awareness of how to properly manage or control illness or disease
- Increased access to nurturing and safe environments

By receiving funding through HKHF and BCBSX, our organization was able to (select all that apply):

- Attract key individuals or groups to further the cause and mission of our organization
- Collaborate with organizations we have not had a chance to work with historically
- Leverage the partnership to attract new funders
- Leverage the partnership to provide access of services to more people

The changes we see in our communities through our partnership with HKHF and BCBSX include (select all that apply):

- Empowerment and action of individuals or groups to create new opportunities that address the health and wellness of their community
- Collaborative environments where individuals and groups have been brought together in a new and productive ways
- Systemic or legislative change within our communities in an effort to create positive health outcomes
- Increased awareness of the services or education we provide our goal as an organization

The Nutrition Pillar Partner Outcomes Evaluation Questionnaire has the same questions with a few tweaks to the questions at the beginning of **Section 2 Outcomes

1. Please indicate the actual pounds of food distributed from this program funded in 2013: *Please refer to the 'Project Information' above to review the estimated amount indicated in your initial project proposal.*
2. If there was a large discrepancy between your estimate and actual, please clarify.
3. The estimated (proposed) number of adults served indicated in your funding proposal was:
4. If there is a large discrepancy between your estimate and actual, please clarify.
5. If you collected data regarding children served by this program, please let us know how many children benefitted from this program funded in 2013: