

PREVIOUSLY APPROVED PROGRAM
Innovation

County: _____

Program Number/Name: _____

Date: _____

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. Please complete the following questions about this program during FY 09/10.

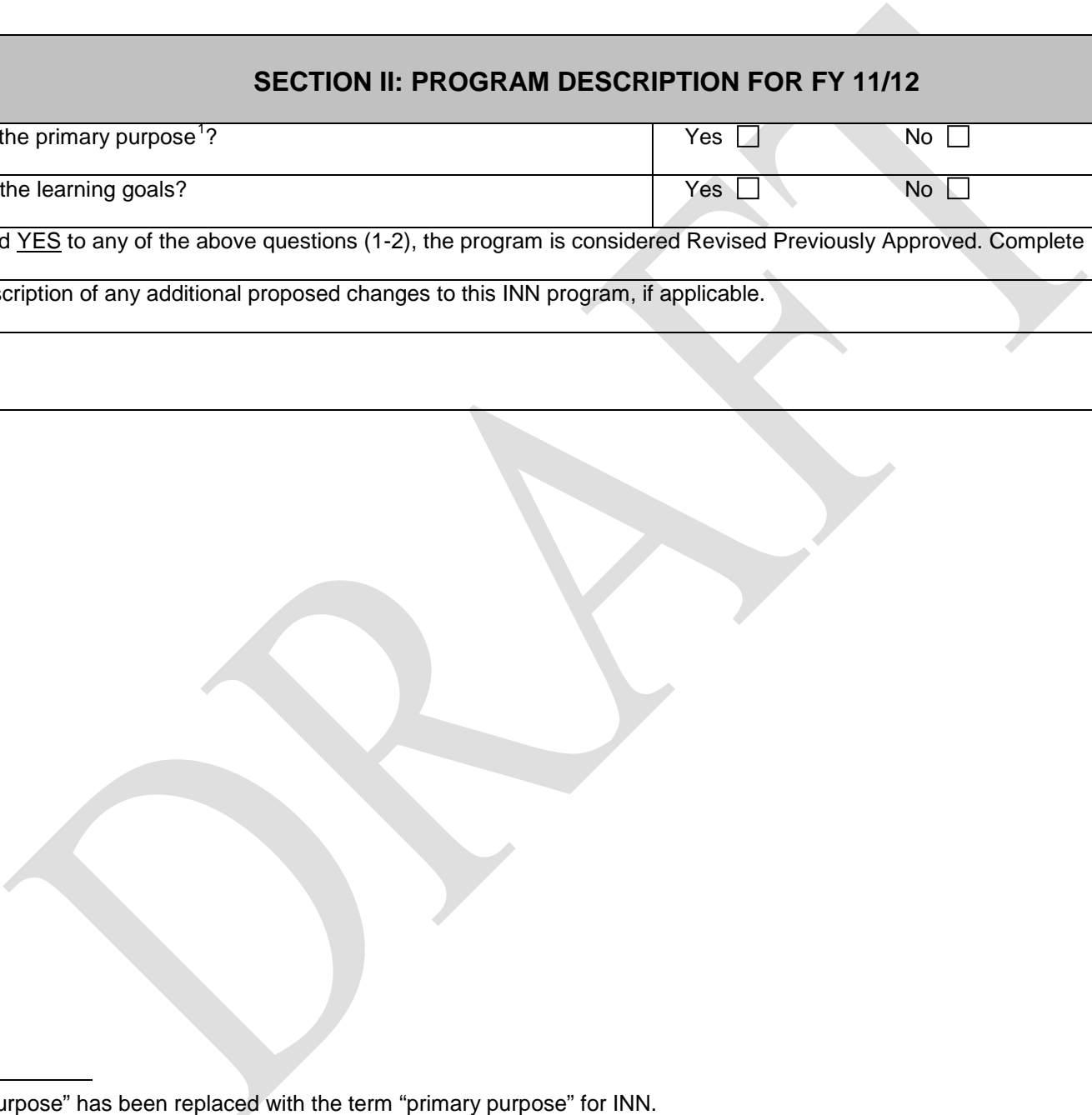
1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
 - b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
 - c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
 - d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

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SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the primary purpose ¹ ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is there a change to the learning goals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.		
3. Please include a description of any additional proposed changes to this INN program, if applicable.		



¹ The term “essential purpose” has been replaced with the term “primary purpose” for INN.