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| **TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES****Evidence Based Intervention****FY2015** [ ]  **Planning** [ ]  **Working** [ ]  **Closeout** **AAA Name: DADS Approval:** **AAA Agency Number: Date:**  **Date:** |

**Provide projected or actual detail of each EB-I program and a brief narrative of activities. Include collaboration or partnerships involved with program.**

**Allowable activities include: 1) Procurement of training services or materials, 2) Training of AAA staff or volunteers to effectively conduct an evidence-based disease program intervention, 3) Publicity related to specific evidence-based intervention event; 4) AAA staff time, travel and materials related to conducting evidence-based intervention events to older individuals, 5) Procurement or printing/copying disease-specific preventive and educational materials for distribution to older individuals participating in events, and 6) Other specific expenses which are required to ensure program fidelity.**

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| **EBI Program:** [ ]  **New program** | **Total Expenditures: $**  |
| **Level of Criteria:**  | **Total # of Units:** |
| [ ]  **Vendored** [ ]  **Contracted** [ ]  **Direct Service**  | **AAA Staff:**  |
|  **Brief description of program activities and counties:** |
| **EBI Program:**[ ]  **New program** | **Total Expenditures: $**  |
| **Level of Criteria:**  | **Total # of Units:** |
| [ ]  **Vendored** [ ]  **Contracted** [ ]  **Direct Service**  | **AAA Staff:**  |
|  **Brief description of program activities and counties:**

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| **TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES****Evidence-Based Intervention** **AAA: Page 2 –EBI narrative** [ ]  **Planning** [ ]  **Working** [ ]  **Closeout** |

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| **EBI Program:**[ ]  **New program** | **Total Expenditures: $**  |
| **Level of Criteria:**  | **Total # of Units:** |
| [ ]  **Vendored** [ ]  **Contracted** [ ]  **Direct Service**  | **AAA Staff:**  |
|  **Brief description of program activities and counties:** |
| **EBI Program:**[ ]  **New program** | **Total Expenditures: $**  |
| **Level of Criteria:**  | **Total # of Units:** |
| [ ]  **Vendored** [ ]  **Contracted** [ ]  **Direct Service**  | **AAA Staff:**  |
|  **Brief description of program activities and counties:** |