

**APPENDIX C**  
**2017 Senior Corps Invitations to Apply**  
**Evidence-based Programming Augmentation**

**A. Background**

The term *evidence-based program* refers to a set of activities and practices supported by a theory of change tested through rigorous impact evaluation. These impact evaluations have demonstrated a causal relationship between specified program activities and outcomes. Causal evidence is typically generated through one or more quasi-experimental or experimental field tests. Good evidence-based program models provide an opportunity to reproduce positive outcomes when replicated consistently.

**B. Funding augmentation opportunity**

**1. Summary**

2017 Senior Corps (RSVP, FGP & SCP) renewal applicants may request a one-time funding augmentation to implement new or expanded volunteer service activities at current or new stations in support of an *evidence-based program*. The augmentation may be used cover a variety of costs associated with the implementation of the evidence-based program, including, but not limited to: improving capacity for training and supervision of volunteers, establishment of new partnerships and procedures, monitoring of evidence-based practices, and developing systems for gathering and analyzing data to ensure fidelity with an evidence-based program model. CNCS anticipates that \$300,000 will be available for SCP augmentations, \$400,000 will be available for FGP augmentations, and \$500,000 will be available for RSVP augmentations.

*Augmentation Pathway A*

Grantees may request funding associated with one of the programs listed in Table 1. Table 1 contains programs developed or adapted for volunteer engagement in which eligible research studies have already been reviewed by a federal agency.

*Augmentation Pathway B*

Applicants may also propose implementing or expanding evidence-based programs *not* listed in Table 1. If proposing the implementation of a model not listed in Table 1, the applicant must:

- cite and provide access to reports from eligible research studies that establish causal evidence of the program model's effectiveness; or
- cite a review of eligible research studies conducted by a federal agency.

Eligible research studies are those that compare participants receiving the intervention to similar non-participants, and that provide evidence that the program, when delivered according to the model described, causes the intended change. Table 2 and Table 3 provide guidance for identifying eligible programs, research summaries, and research studies through federal agency registries.

Successful applicants will include a brief narrative of the activities supported by the augmentation funds and lessons learned in the annual Project Progress Report (PPR).

**2. Budget considerations**

The full amount of an evidence-based programming augmentation will be awarded with the first year of the three-year grant cycle; however, funds may be carried forward into budget period two and three. The final award—base funding plus augmentation—will not exceed \$500,000.

All RSVP, SCP, and FGP program regulations and project funding requirements, such as the local support requirement, apply. In addition to supporting unique characteristics of evidence-based programs,

the augmentation may cover typical volunteer support costs and volunteer expenses. However, *the evidence-based programming augmentation does not become part of the baseline funding for the next grant cycle*. Grantees should plan accordingly to sustain activity supported by the augmentation beyond the project period.

### 3. Selection criteria

Reviewers will assess the extent to which the request:

- Clearly describes essential components of the evidence-based program model and volunteer service activity.
- Describes strategies for ensuring fidelity of implementation to the program model as formally evaluated.
- Clearly explains the strategy for developing volunteer placement, training, and supervision processes that support the established characteristics of the evidence-based program.
- Describes appropriate changes to the project budget and work plans.

In selecting requests for awards, Senior Corps may also consider:

- past performance of the applicant;
- the range of evidence-based programs;
- diversity in geographic service areas in which evidence-based programs are funded;
- cost per volunteer; and/or
- cost per person served.

## C. Submitting a request for an evidence-based programming augmentation

### 1. Deadline

Grantees with January 1, 2017 and April 1, 2017 project period start dates should initiate an amendment application containing the request after their initial 2017 award has been made in eGrants. Grantees with projects starting July 1, 2017 must submit the request along with their initial 2017 application submission. **All requests for funding augmentation must be submitted in eGrants by April 17, 2017.**

### 2. Instructions

The request should not exceed four pages, not including citations or the Budget Information section. Using the template below, create a narrative with all requested information. In eGrants, paste the narrative into the 'Other' section of the application narratives (see Senior Corps grant application instructions, Part II. Section F: Other NOFA Requirements). Print the application from eGrants to ensure that the page restriction is maintained.

### 3. Template for the 'Other' Section of Application Narrative

#### BACKGROUND ON THE PROPOSED PROGRAM MODEL

- 1) Identify the evidence-based program model and describe its essential features.
  - What is the name of the evidence-based program supported by this request? (If known by various names, differentiate between the name of the program as it is known locally, the name used in the cited research, and the name currently used by the developer.)
  - Identify the beneficiaries who will be served
  - Identify the services that will be provided to beneficiaries through the program
- 2) Augmentation Pathway B Only: For program models not listed in Table 1 below, provide the information requested under option a) or b).
  - a) Cite and provide access to reports from research studies that establish causal evidence of the program model's effectiveness.

- 1) In the narrative, cite the following information for each report:
  - Report Title: \_\_\_\_\_
  - Date: \_\_\_\_\_
  - Author(s): \_\_\_\_\_
- 2) Send a copy of the report to [evidencebased@cns.gov](mailto:evidencebased@cns.gov) with the subject line: Evaluation report for Application ID #\_\_\_\_\_.
  - b) Cite and provide access to a review of eligible research studies conducted by a federal agency
    1. In the narrative, cite the federal agency that provided the review.
    2. Send a copy of the review to [evidencebased@cns.gov](mailto:evidencebased@cns.gov) with the subject line: Evaluation review for Application ID #\_\_\_\_\_.

#### SENIOR CORPS VOLUNTEER ACTIVITIES

- 3) Describe the role(s) Senior Corps volunteers will have in supporting delivery of the program. The response should include all elements required for a complete service activity description for the associated work plan.<sup>i</sup>
- 4) How will augmentation funding and/or associated non-CNCS Share be used to support planning, preparation, or implementation of the program? Be sure to:
  - Describe plans for developing appropriate support for volunteer recruitment, selection, training, and supervision.
  - Describe any special training volunteers will receive in order to implement the evidence-based program.

#### FIDELITY TO PROGRAM MODEL

- 5) What tools will be used to assess and promote consistent delivery of this program?
- 6) What standards must be met to ensure that the program is consistently delivered according to the established model?

#### PROPOSED CHANGES TO WORK PLANS IN BASE APPLICATION

- 7) Specify how work plans will be revised or created if the augmentation is granted, addressing the following questions:
  - Will the augmentation support the development of new station(s) and/or support new service activity at existing station(s)?
  - How many Senior Corps volunteers will serve annually in the evidence-based program work plan? Please state the aggregated total and provide a projection broken out by year. (i.e., Year 1\_\_\_\_ Year 2\_\_\_\_ Year 3\_\_\_\_ Total\_\_\_\_)
  - Will the augmentation funding be used to support more volunteers than the grant's established, base number of unduplicated volunteers? If so, how many additional Senior Corps volunteers will serve annually (above the base level of volunteers) in the evidence-based work plan supported by the augmentation funds? Please state the aggregated total and provide a break out by year. (i.e., Year 1\_\_\_\_ Year 2\_\_\_\_ Year 3\_\_\_\_ Total\_\_\_\_)
- 8) How many additional beneficiaries will be served in the work plan supported by the augmentation funds? Please state the aggregated total and provide a projection broken out by year. (i.e. Year 1\_\_\_\_ Year 2\_\_\_\_ Year 3\_\_\_\_ Total\_\_\_\_)

**BUDGET INFORMATION**

- 9) What is the total augmentation request through end of project period? Please state the aggregated total and provide a break out by year. (i.e. Year 1 \_\_\_ Year 2 \_\_\_ Year 3 \_\_\_ Total \_\_\_):
- 10) Describe how augmentation funds will be used to support the implementation of the evidence-based program for YEAR ONE. Provide projections for Budget Section I: Volunteer Support and for Budget Section II: Volunteer Expenses. Include a description of the budget line items that typically fall in each budget category. (For example, for Volunteer Support: Personnel, Travel, Supplies, and Equipment. For Volunteer expenses: Stipend, transportation, insurance, recognition.)
- 11) What sources and amounts of non- CNCS support will be applied to meet the match requirement?

**Table 1. Examples of evidence-based programs supported by volunteers**

<b>Program name &amp; developer website<sup>ii</sup></b>	<b>Demonstrated impacts<sup>iii</sup></b>	<b>Mode &amp; duration<sup>iv</sup></b>	<b>Evidence Review</b>
<b>Across Ages</b> <a href="http://acrossages.org">http://acrossages.org</a>	Improved attitudes toward school, future, and elders. Fewer absences from school.	Mentoring by older adult volunteer with students 10 to 13 years old for a minimum of two hours per week. Participants receive 26 weekly 45-minute Social Problem-solving lessons and are engaged in weekly community service and family activities.	For a US Department of Justice (USDOJ) National Institute of Justice-sponsored review of research (2013), see <a href="http://www.crimesolutions.gov/ProgramDetails.aspx?ID=314">http://www.crimesolutions.gov/ProgramDetails.aspx?ID=314</a> . See also <a href="http://legacy.nreppadmin.net/ViewIntervention.aspx?id=138">http://legacy.nreppadmin.net/ViewIntervention.aspx?id=138</a> .
<b>A Matter of Balance</b> <a href="http://www.mainehealth.org/mob">www.mainehealth.org/mob</a>	Decreased fear of falling and associated restrictions in activity levels.	Eight two-hour, small-group sessions with eight to twelve participants over four or eight weeks	Impacts were demonstrated with professional leaders and shown to produce similar outcomes using the subsequently-developed lay leadership model. See <a href="https://www.ncbi.nlm.nih.gov/pubmed/9826971">https://www.ncbi.nlm.nih.gov/pubmed/9826971</a> and <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4410326/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4410326/</a> .
<b>Big Brothers Big Sisters Community-Based Mentoring</b> <a href="http://www.bigbrothersbigisters.org">www.bigbrothersbigisters.org</a>	Fewer absences from school, fewer skipped classes, more confident in ability to complete homework.	Mentor and young person (age 6-18, predominantly from low-income, single-parent households) meet for two to four times per month for at least a year, and engage in activities of their choosing (e.g., studying, cooking, playing sports). The typical meeting lasts three to four hours.	For a US DOJ National Institute of Justice-sponsored review of research (2011), see <a href="http://www.crimesolutions.gov/ProgramDetails.aspx?ID=112">http://www.crimesolutions.gov/ProgramDetails.aspx?ID=112</a> .

Program name & developer website <sup>ii</sup>	Demonstrated impacts <sup>iii</sup>	Mode & duration <sup>iv</sup>	Evidence Review
<b>Chronic Disease Self-Management Program and variations<sup>v</sup></b> <a href="http://patienteducation.stanford.edu">http://patienteducation.stanford.edu</a>	Demonstrated impacts vary by program, but include improvements in healthy behavior, self-reported health, reduced limitation in social roles/activity, and reductions in utilization of medical service.	Weekly, two-and-a-half-hour small group workshop for six weeks, except for: <ul style="list-style-type: none"> <li>• Arthritis Self-Management - weekly two-hour workshop for six weeks</li> <li>• Online Disease Self-Management - log on two to three times per week</li> </ul>	See citations in the Centers for Medicare & Medicaid Services' Evaluation of Community-based Wellness and Prevention Programs ( <a href="https://innovation.cms.gov/Files/reports/CommunityWellnessRTC.pdf">https://innovation.cms.gov/Files/reports/CommunityWellnessRTC.pdf</a> ). For a review of research and implementation support for the Spanish-language version of the Diabetes Self-Management Program see <a href="http://www.acl.gov/Programs/CP/E/OPE/docs/Programa_de_Manejo_Personal_de_la_Diabetes.pdf">http://www.acl.gov/Programs/CP/E/OPE/docs/Programa_de_Manejo_Personal_de_la_Diabetes.pdf</a> .
<b>Enhance Fitness</b> <a href="http://www.projectenhance.org/enhancefitness.aspx">www.projectenhance.org/enhancefitness.aspx</a>	Improvement in physical and psychological functioning, decreased depression, lower healthcare utilization.	Three one-hour classes per week on an ongoing basis	For a review of research and implementation support, see: <a href="http://www.acl.gov/Programs/CP/E/OPE/docs/EnhanceFitness_InterventionSummary.pdf">http://www.acl.gov/Programs/CP/E/OPE/docs/EnhanceFitness_InterventionSummary.pdf</a> .
<b>Experience Corps</b> <a href="http://www.aarp.org/experience-corps">www.aarp.org/experience-corps</a>	Improved reading comprehension and teacher assessment of grade level reading skills for students in grades one through three.	Tutoring by older adult volunteers with elementary school students considered at-risk of academic failure. Sessions range in frequency and length—two to four times per week for 25-45 minutes for 35 weeks.	As described in USDOE What Works Clearinghouse single study review: <a href="http://ies.ed.gov/ncee/wwc/Study/67280">http://ies.ed.gov/ncee/wwc/Study/67280</a> .
<b>Fit and Strong</b> <a href="http://fitandstrong.org">http://fitandstrong.org</a>	Increases in physical activity, improved lower extremity strength and mobility (risk factors for falls), decreased anxiety and depression.	Three 90-minute sessions per week for eight weeks	For a review of research and implementation support, see: <a href="http://www.acl.gov/Programs/CP/E/OPE/docs/Fit_and_Strong.pdf">http://www.acl.gov/Programs/CP/E/OPE/docs/Fit_and_Strong.pdf</a> .
<b>Healthy Steps for Older Adults</b> <a href="http://www.aging.pa.gov/aging-services/health-wellness/Pages/Healthy-Steps-for-Older-Adults.aspx">www.aging.pa.gov/aging-services/health-wellness/Pages/Healthy-Steps-for-Older-Adults.aspx</a>	Reduced incidence of falls, frequency of self-reported hospital and emergency department use.	Screening, assessment and two-and-a-half-hour workshop (four hours total)	For a review of research and implementation support, see: <a href="http://www.acl.gov/Programs/CP/E/OPE/docs/HSOA-Intervention-Summary-Report.pdf">http://www.acl.gov/Programs/CP/E/OPE/docs/HSOA-Intervention-Summary-Report.pdf</a> .

Program name & developer website <sup>ii</sup>	Demonstrated impacts <sup>iii</sup>	Mode & duration <sup>iv</sup>	Evidence Review
<b>Jumpstart</b> <a href="http://jstart.org">http://jstart.org</a>	Improvements in oral language and early literacy skills for pre-school age children in under-resourced neighborhoods.	Two-hour, volunteer-led pre-Kindergarten class sessions two days per week for 20 weeks. Each session revolves around a core storybook and skills-based activities. One-on-one child-centered time in classroom.	For a 2015 impact evaluation report of the California Jumpstart College Corps program see <a href="http://www.nationalservice.gov/impact-our-nation/evidence-exchange/Jumpstart-CA">http://www.nationalservice.gov/impact-our-nation/evidence-exchange/Jumpstart-CA</a> .
<b>Program of All-Inclusive Care for the Elderly (PACE)</b> <a href="http://www.npaonline.org">www.npaonline.org</a>	Fewer hospitalizations, nursing home stays and depressive symptoms; better self-reported health compared with nursing-home eligible HBCS participants.	PACE programs coordinate and provide all needed preventative, primary, acute and long term care services.  Participants are transported to a center on average three times a week for therapies and interdisciplinary team care.	For an Administration for Community Living-sponsored review of research (2012) on patient outcomes within the PACE program, see <a href="http://www.acl.gov/Programs/CP/E/OPE/docs/PACE-ADEPP-Summary-2014.pdf">http://www.acl.gov/Programs/CP/E/OPE/docs/PACE-ADEPP-Summary-2014.pdf</a> .
<b>Reading for Life</b> <a href="http://www.readingforlife.us">www.readingforlife.us</a>	Reduced rearrests and arrest counts for prosecuted misdemeanors, felonies, and other offenses.	A diversion program in which juveniles ages 13–18, who have committed non-violent offenses, study works of literature and classic virtue theory in small groups, led by trained volunteer mentors. Groups meet twice a week for one hour over the course of 10-12 weeks. <sup>vi</sup>	For a USDOJ National Institute of Justice-sponsored review of research (2016) on the Reading for Life program, see <a href="http://www.crimesolutions.gov/ProgramDetails.aspx?ID=464">http://www.crimesolutions.gov/ProgramDetails.aspx?ID=464</a> .
<b>Reading Partners</b> <a href="http://readingpartners.org">http://readingpartners.org</a>	Improved sight word recognition, reading comprehension, and fluency for students in grades two and three.	Tutoring by community volunteers with elementary students one-half to two-and-a-half years behind grade level supported by a standard reading assessment, research-based curriculum, full-time site coordinator, and dedicated program space. Tutoring is offered in twice-a-week, 45-minute sessions.	As described in USDOE's What Works Clearinghouse single study review: <a href="http://ies.ed.gov/ncee/wwc/Study/80616">http://ies.ed.gov/ncee/wwc/Study/80616</a> . The average student in the impact study received 57 minutes of tutoring per week for 28 weeks.

Program name & developer website <sup>ii</sup>	Demonstrated impacts <sup>iii</sup>	Mode & duration <sup>iv</sup>	Evidence Review
<b>Senior Reach</b> <a href="http://www.seniorreach.org">www.seniorreach.org</a>	Reduced isolation and depression and improved physical, social, and mental health functioning of seniors served.	Volunteers are educated to observe behaviors that indicate an older adult may be in need of help. An elder-friendly, telephonic single point of entry (call center) receives referrals and reaches out to seniors in need and arranges a home visit to determine what services are needed.	For a Substance Abuse and Mental Health Services Administration-sponsored review of research (2012), see <a href="http://legacy.nreppadmin.net/ViewIntervention.aspx?id=330">http://legacy.nreppadmin.net/ViewIntervention.aspx?id=330</a>
<b>Sound Partners</b> <a href="http://www.voyagersopris.com/curriculum/subject/literacy/sound-partners">www.voyagersopris.com/curriculum/subject/literacy/sound-partners</a>	Improvements in recognizing the relationship between letters and sounds (phonemic and phonological awareness), reading fluency and comprehension.	Scripted lessons for tutors with minimal training and experience assisting students in kindergarten through third grade with below average reading skills in alphabetic and phonics skills. Uses Bob Books® beginning reading series as one of the primary texts for oral reading practice. Thirty-minute sessions three to four times per week for 25-28 weeks.	The USDOE What Works Clearinghouse summarizes multiple impact evaluations of the Sound Partners beginning reading tutoring program curriculum: <a href="http://ies.ed.gov/ncee/wwc/Intervention/440">http://ies.ed.gov/ncee/wwc/Intervention/440</a> .
<b>Tai Ji Quan: Moving for Better Balance</b> <a href="http://tjqmbb.org">http://tjqmbb.org</a>	Improved functional balance, increased mobility, reduced number of falls.	One-hour group sessions, two to three times per month for six months/48 sessions	For a review of research and implementation support, see: <a href="http://www.acl.gov/Programs/CPE/OPE/docs/TaiChi_InterventionSummary.pdf">http://www.acl.gov/Programs/CPE/OPE/docs/TaiChi_InterventionSummary.pdf</a> .
<b>Wellness Initiative for Senior Education (WISE)</b> <a href="http://www.njpn.org/initiatives">www.njpn.org/initiatives</a>	Improved knowledge and attitudes about aging, depression, alcohol, and medications. Improved health and health care behavior, medication management.	Weekly, two-to-three-hour, small-group sessions for six weeks	For a review of research and implementation support, see: <a href="http://www.acl.gov/Programs/CPE/OPE/docs/WISE_ACL_Summary.pdf">http://www.acl.gov/Programs/CPE/OPE/docs/WISE_ACL_Summary.pdf</a> .

**Table 2. Federal registries of evidence-based interventions**

These registries rate or list *programs* or *practices* based on rigorous studies and outcomes of interest to CNCS. Use the link in the table below to go directly to the search page. Follow instructions in the third column to identify programs and practices that received acceptable ratings of evidence.

Agency	Name of registry, web address, & description	Acceptable rating & how to find/filter for it
<b>Institute for Education Sciences</b> (U.S. Department of Education)	What Works Clearinghouse/Find What Works <a href="http://www.ies.ed.gov/ncee/wwc">www.ies.ed.gov/ncee/wwc</a>  <i>Description: Summarizes and rates evidence for 150+ educational programs, practices, and curricula, many with cost and contact information.</i>	Must be supported by a study that meets What Works Clearinghouse standards without reservation and has at least one statistically significant positive finding. In systematic reviews: “Potentially Positive” (+), “Positive” (++) , or “Mixed” (+-).
<b>Administration for Community Living</b> (U.S. Dept. of Health and Human Services)	Aging and Disability Evidence-Based Programs and Practices <a href="http://www.acl.gov/Programs/CPE/OPE">www.acl.gov/Programs/CPE/OPE</a>  <i>Description: Contains information on research evidence, implementation materials, cost, and contacts for a dozen programs that can be readily replicated (10-20 pages each).</i>	All program models listed on this page
<b>Centers for Disease Control</b> (U.S. Dept. of Health and Human Services)	CDC Compendium of Effective Fall Interventions <a href="http://www.cdc.gov/homeandrecreationalafety/Falls">www.cdc.gov/homeandrecreationalafety/Falls</a>  <i>Description: Highlights 15 exercise and 12 multifaceted programs shown to reduce falls among seniors 60+ (2-4 pages each).</i>	All program models listed in the compendium
<b>Centers for Medicare and Medicaid Services</b> (U.S. Dept. of Health and Human Services)	Evaluation of Community-based Wellness and Prevention Programs <a href="https://innovation.cms.gov">https://innovation.cms.gov</a>  <i>Description: Examines Medicaid cost savings from participation in programs promoting physical activity, falls prevention, and chronic disease self-management.</i>	Program must have at least one “Level 1” study  <i>Evidence for programs is reviewed in Section 1. Evidence Review Results.</i>
<b>National Institutes of Health, National Cancer Institute</b> (U.S. Dept. of Health and Human Services)	Research-tested Intervention Programs (RTIPs) <a href="https://rtips.cancer.gov/rtips">https://rtips.cancer.gov/rtips</a>  <i>Description: Summarizes and rates evidence and replicability for 150+ cancer prevention programs.</i>	Program must score 4 or higher in “Research Integrity” and “Intervention Impact.”  <i>Filter by any criteria</i>

Agency	Name of registry, web address, & description	Acceptable rating & how to find/filter for it
<b>Substance Abuse and Mental Health Services Administration</b> (U.S. Dept. of Health and Human Services)	National Registry of Evidence Based Programs <a href="http://www.nrepp.samhsa.gov">www.nrepp.samhsa.gov</a>  <i>Description: Rates 350+ substance abuse and mental health interventions. Most designed for professional delivery. Search results are divided into two lists--newly reviewed or legacy--depending on when the program was added to the registry.</i>	Newly reviewed programs must be “Promising” or “Effective” for desired outcome. Legacy programs must be rated 3+ for desired outcome.  <i>Enter keyword and click Search Now. Filter results by rating.</i>
<b>Office of Juvenile Justice and Delinquency Prevention</b> (U.S. Department of Justice)	Model Programs Guide <a href="http://www.ojjdp.gov/mpg">www.ojjdp.gov/mpg</a>  <i>Description: Summarizes and rates evidence for 250+ programs (from crimesolutions.gov) for juvenile justice and youth prevention, intervention, and reentry outcomes.</i>	Program must be rated “Promising” or “Effective”  <i>Filter by criteria on left panel. Select View Effective or View Promising tabs.</i>
<b>National Mentoring Resource Center</b> (sponsored by USDOJ OJJDP)	Mentoring Program Reviews <a href="http://www.nationalmentoringresourcecenter.org">www.nationalmentoringresourcecenter.org</a>  <i>Description: Easy access to reviews from crimesolutions.gov for 35+ mentoring programs along with helpful insights on each program, including Experience Corps.</i>	Program/practice must be rated “Promising” or “Effective”

**Table 3. Program evaluation research registries**

These registries rate the rigor of *studies* of interest in the areas of strengthening families, labor, national service, and employment readiness. *Having the required rating in column three does not indicate that the program has demonstrated positive results.* The research may have actually demonstrated negative impact for participants. Activate the link provided in column two to go directly to the search page, then follow instructions in the third column to identify studies with experimental or quasi-experimental evaluation designs.

Agency	Name of registry, web address, & description	Required study rating & how to filter search results
<b>Administration for Children and Families</b> (U.S. Dept. of Health and Human Services,)	Strengthening Families Evidence Review <a href="http://familyreview.acf.hhs.gov">http://familyreview.acf.hhs.gov</a>  <i>Description: Reviews 199 studies and identifies 18 with high and moderate rating. (Does not rate programs.)</i>	Study must be rated “Moderate” or “High”  <i>At left, in Study Search Descriptions box, click on Study Rating and select Moderate and High</i>
<b>Corporation for National and Community Service (CNCS)</b>	Evidence Exchange <a href="http://www.nationalservice.gov/evidence-exchange">www.nationalservice.gov/evidence-exchange</a>  <i>Description: Contains evaluation research reports on models sponsored by CNCS, notably Minnesota Reading Corps (Pre-K, K-3).</i>	Study must be rated “Moderate” or “Strong.”  <i>Open the Advanced Search tab. Locate the Levels of Evidence criteria and select Moderate and Strong.</i>

Agency	Name of registry, web address, & description	Required study rating & how to filter search results
U.S. Department of Labor	Clearinghouse for Labor Evaluation and Research (CLEAR) <a href="http://clear.dol.gov">http://clear.dol.gov</a>  <i>Description: Summarizes and rates studies in topic areas such as opportunities for youth disconnected from school and the workforce; women in science, technology, engineering, and math (STEM); and saving for retirement.</i>	Supporting studies must be rated “Moderate Causal Evidence” or “High Causal Evidence”  <i>Select a Topic Area, filter by Study Type: Causal Analysis and select Moderate or High.</i>

**ENDNOTES**

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- <sup>i</sup> The service activity description should explain what the volunteers are doing in a way that shows how they will support achievement of outputs and outcomes. Say who the beneficiaries are, and what the volunteers will be doing with the beneficiaries. Say how often volunteers will provide the service and for how long. Say where the service will take place. NOTE: For programs supporting school readiness and K-12 education programs, please indicate the minimum amount of contact or service a participant must receive in order to have completed the program.
  - <sup>ii</sup> A listing in this table does not constitute endorsement of the program or of products and services offered by program developers.
  - <sup>iii</sup> Requests for augmentation should reflect the program model as described in the report or research summary cited in this column. If additional research has been produced and/or changes to the model have been made, discrepancies should be noted in the request.
  - <sup>iv</sup> Mode and duration are two facets of the program model that may need to be implemented with fidelity. Program developers often require the use of additional implementation materials and fidelity assurance mechanisms.
  - <sup>v</sup> For a comparison of impacts of CDSMP and related chronic disease self-management programs, see: <http://www.eblcprograms.org/evidence-based/recommended-programs/chronic-disease-medication-management>. Related evidence-based programs include, but are not limited to the Better Choices, Better Health® Workshop, Arthritis Self-Management, Chronic Pain Self-Management, and Online Disease Self-Management.
  - <sup>vi</sup> The Reading for Life program does not regularly require academic engagement outcome data for participants. ED27 or ED6 may be used to fulfill National Performance Measure requirements.