

APPENDIX C
2018 Senior Corps Invitations to Apply
Evidence-based Programming Augmentation

Important dates

- Notification of Intent to Apply: Applicants are strongly encouraged to submit a Notification of Intent to Apply for this competition. Notifications of Intent to Apply should be submitted by **Wednesday, March 14, 2018**.

Please send the intent by using this link:

<https://www.surveymonkey.com/r/IntentToApplySCAugmentation2018>

- Deadline: Applications are due **April 9, 2018** at 5:00p.m. Eastern Time to CNCS.

A. Background

CNCS seeks to support Senior Corps grantees that are interested in implementing evidence-based programs. 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. Evidence-based program models provide an opportunity to reproduce positive outcomes when replicated consistently. In recent years, CNCS invited Senior Corps grantees that were in their administrative renewal cycle to apply for augmentation funds for the purpose of implementing evidence-based programs. CNCS is offering a similar opportunity this fiscal year.

B. Funding augmentation opportunity

1. Summary

2018 Senior Corps (RSVP, FGP & SCP) renewal applicants may request a one-time funding augmentation to support the implementation of an *evidence-based program* involving Senior Corps volunteers. Grantees may use augmentation funds to support volunteer activities at current or new stations, and/or to support new volunteer service activities or to expand existing volunteer service activities related to the evidence-based program. The augmentation may be used cover a variety of associated costs, such as: improving capacity for training and supervision of volunteers, establishment of new partnerships and procedures, developing systems for gathering and analyzing data to ensure fidelity with an evidence-based program model, and monitoring of evidence-based practices.

2. Estimated Available Funds

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. The actual level of funding is subject to the availability of appropriations.

3. Estimated Award Amount and Award Period

Grant award amounts may vary as determined by the scope of projects; however, the amount of baseline funding plus the amount of an evidence-based augmentation will not exceed \$500,000.

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.

4. Budget considerations

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*. Accordingly, grantees should carefully plan for how they will sustain activity supported by the augmentation beyond the project period.

5. Identifying an Evidence-based Program for the Augmentation Request

As part of the augmentation award request, applicants are required to identify a program they plan to implement as well as demonstrate that the identified program is evidence-based. CNCS has outlined three pathways that grantees may follow for these steps. The pathways are briefly described in this section; additional information is in the instruction section.

Augmentation Pathway 1 – Table 1

Grantees may request funding associated with one of the programs listed in Table 1 of this document. Table 1 contains programs developed or adapted for volunteer engagement in which eligible research studies have already been reviewed by a federal agency and, for the purpose of this augmentation opportunity, are considered by CNCS to be evidence-based.

Augmentation Pathway 2 – Table 2

A number of federal agencies have developed registries that list programs and categorize them. Table 2 of this document includes federal registries that rate or list programs based on rigorous studies and outcomes of interest to CNCS. Applicants may use the registries and instructions in Table 2 to find a program that has ratings sufficient to be considered evidence-based (rigorously evaluated to demonstrate causal impact and positive results for participants in outcomes of interest). In their request, the applicant will identify how they found the program using a registry in Table 2. They will also cite and provide access to reports from eligible research studies that establish causal evidence of the program's effectiveness; or cite a review of eligible research studies conducted by a federal agency.

Augmentation Pathway 3

An applicant may wish to submit a request for augmentation funding for a program that is not in Table 1 or found via a federal registry in Table 2. In this instance, the applicant must identify and submit information about the program that CNCS can use to determine whether the program can be considered evidence-based. The applicant must describe the evidence for the program in the application narrative and must submit at least one, and no more than two, randomized control trials (RCT) or quasi-experimental design (QED) evaluations of the program. The studies must be well-designed and well-implemented, must have been conducted by an independent, external evaluator, and must demonstrate, at minimum, evidence of effectiveness (positive findings) on one or more key outcomes of interest. For reference, Table 3 of this document includes several federal registries that rate the rigor of studies of programs in areas of interest to CNCS. Applicants may use the registries in Table 3, or any other registries, to search for studies that have a rigorous design sufficient for demonstrating causal evidence of a program.

6. Reporting

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). Successful applicants may also report information based on work plans related to augmentation funding.

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

1. Deadline

Grantees with January 1, 2018 and April 1, 2018 project period start dates should initiate an amendment application containing the request after their initial 2018 award has been made in eGrants. Grantees with July 1, 2018 project period start dates must submit the request as part of their initial 2018 application submission. Interested applicants are encouraged to submit a Notice of Intent to Apply by March 14, 2018. Please send the intent by using this link:

<https://www.surveymonkey.com/r/IntentToApplySCAugmentation2018>.

All requests for funding augmentation must be submitted in eGrants by April 9, 2018.

2. Selection Criteria

Applications should include a well-designed plan with clear and compelling justifications for receiving the requested funds. Reviewers will assess the quality of the applications by using the selection criteria described below and will rate them accordingly.

Categories	Questions
Summary	N/A
Background on the Proposed Program Model	Q1, Q2, Q3
Senior Corps Volunteers	Q4
Fidelity to the Program Model	Q5, Q6, Q7, Q8
Proposed Changes to the Work Plan	Q9, Q10
Budget	Q11, Q12, Q13

Specifics about each of the criteria categories and subcategories is detailed below in Section 4. Reviewers will assess the quality of the responses to the selection criteria.

3. Instructions

Applicants must respond to the selection criteria by using the template below to create a narrative with all requested information. Use the headings provided and discuss each criterion in the order they are presented. If you are proposing to implement more than one evidence-based program, create a separate narrative for each program and clearly denote each narrative with a header. In eGrants, paste the narrative into the 'Other' section of the application narratives (see Senior Corps grant application instructions, Part II. Other NOFA Requirements). Print the application from eGrants to ensure that the page restriction is maintained. The narrative for each evidence-based program should not exceed five pages, not including citations or the Budget Information section.

4. Template for the 'Other' Section of Application Narrative

SUMMARY

The [name of grantee] proposes to implement a Senior Corps project using [name of proposed program model (as identified via one of the augmentation pathways)]. The CNCS investment of \$[amount of request] in augmentation funding will be used to support the [implementation of a new program OR expansion of a program already being implemented].

BACKGROUND ON THE PROPOSED PROGRAM MODEL

Q1. Clearly identify the proposed evidence-based program model. If the program is known by various names, the differentiate between the names of the program as it is known locally, the name used in cited research, and the name currently used by the program developer.

Q2. Describe the evidence for the program in the narrative and submit additional related documents outside of eGrants, as applicable and described below. The evidence provided by you must be sufficient to establish the program as evidence-based.

- Identify which Augmentation Pathway (1, 2, or 3) you followed to identify the program.
- For Augmentation Pathway 1: This means you identified a program that is listed on Table 1 of this document. Table 1 contains programs developed or adapted for volunteer engagement in which eligible research studies have already been reviewed by a federal agency and, for the purpose of this augmentation opportunity, are considered by CNCS to be evidence-based.
- For Augmentation Pathway 2: This means you identified a program that is listed on a federal registry and meets the acceptable ratings described on Table 2 to be considered evidence-based. Table 2 of this document includes federal registries that rate or list programs based on rigorous studies and outcomes of interest to CNCS. Applicants may use the registries and instructions in Table 2 to find a program that has ratings sufficient to be considered evidence-based (rigorously evaluated to demonstrate causal impact and positive results for participants in outcomes of interest). In their narrative request, identify how you found the program using a registry in Table 2, including the name of the registry and applicable ratings. Choose from the following options a) or b):

a) Cite and provide access to no more than two 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 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 with the subject line: Evaluation review for Application ID #_____.

- For Augmentation Pathway 3: Provide information that allows CNCS reviewers to make a determination on whether the program is evidence-based. Describe the evidence for the program in the narrative and submit at least one, and no more than two, randomized control trials (RCT) or quasi-experimental design (QED) evaluations of the program. If applicable, cite the clearinghouse and rating where the program is reviewed (if not listed on Table 2). (Note: Table 3 of this document includes several examples of federal registries that rate the rigor of studies of programs in areas of interest to CNCS and may be useful for you in identifying a program. You are not limited to the registries in Table 3.) The studies must be well-designed and well-implemented, must have been conducted by an independent, external evaluator, and must demonstrate, at minimum, evidence of effectiveness (positive findings) on one or more key outcomes of interest. Choose from the following options a) or b):

a) Cite and provide access to no more than two 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): _____

Description of that shows study's relevance to the proposed intervention: _____

Description of the target population studied: _____

Description of the outcomes or impacts examined and study findings: _____

2) Send a copy of the report to 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 with the subject line: Evaluation review for Application ID #____.

Reviewers will examine the descriptions (and up to two accompanying studies) for various criteria, such as:

- The methodological quality and rigor of the studies presented
- Strength and consistency of findings
- Date of the study, with preference given to studies conducted within the last six years.

Q3. Provide a summary of the model and a description of the essential components of the program, such as: program goal, target population, context/settings (e.g., home, school, library, outpatient service, residential care facility, other community setting) or geographic locations (urban, suburban, rural/frontier), activities provided to the beneficiaries, length/timeframe of the intervention, outcomes, cost, characteristics of the population delivering the intervention, training, or resource requirements.

SENIOR CORPS VOLUNTEERS

Q4. Describe the role(s) Senior Corps volunteers will have in supporting delivery of the program. Describe elements required for a complete service activity description for an associated work plan.¹

- Community need
- Description of the activities volunteers will provide to beneficiaries
- Activity relates to community need
- Service dosage, frequency, intensity, and duration
- Output and outcome that are appropriate to the number of volunteers.
- Activity is achievable within remaining time in grant (three-years)

FIDELITY TO THE PROGRAM MODEL

Q5. Describe whether the essential components of the program as evaluated and your approach are the same as, or very similar, in areas such as:

- Characteristics of the beneficiary population
- Characteristics of the population delivering the intervention
- Dosage (frequency, duration) and design of the intervention
- Training for Senior Corps volunteers or others who are delivering the intervention

- The context in which the intervention is delivered
- Outcomes of the intervention

Describe if essential components may be modified, how they may be modified, and why the modifications will not threaten the outcomes.

Q6. Describe how you will assess and promote implementation of the program with fidelity, such as what tools and standards you may employ to ensure consistent delivery of the program, monitoring of program activities, or quality monitoring by the evidence-based program developer.

Q7. Describe plans for developing appropriate support for volunteer recruitment, selection, training, and supervision.

Q8. Describe how augmentation funds and/or associated non-CNCS share will be used to support the planning, preparation, or implementation of the program. Describe anticipated costs, such as those related to improving capacity for training and supervision of volunteers, establishment of new partnerships and procedures, monitoring of evidence-based practices, developing systems for gathering and analyzing data to ensure fidelity with an evidence-based program model.

PROPOSED CHANGES TO THE WORK PLAN

Q9. Describe how work plans will be revised or created if the augmentation is granted.

- Describe whether the augmentation will support the development of new station(s) and/or support new service activity at existing station(s).
- Describe how many Senior Corps volunteers will serve annually in the evidence-based program, including the aggregated total and a projection broken out by year. (i.e., Year 1 ____ Year 2 ____ Year 3 ____ Total ____)
- Describe how many Senior Corps volunteers will serve annually as part of the base award. Describe whether the augmentation funding will be used to support more volunteers than the grant's established, base number of unduplicated volunteers. If so, state how many additional Senior Corps volunteers will serve annually (above the base level of volunteers) supported by the augmentation funds. Provide the aggregated total of how many additional Senior Corps volunteers will serve, broken out by year. (i.e., Year 1 ____ Year 2 ____ Year 3 ____ Total ____)

Q10. Describe how many beneficiaries are served as part of the grant's established, base award. Describe whether augmentation funding will be used to support more beneficiaries than the base award. If so, describe how many additional beneficiaries will be served in the work plan supported by the augmentation funds. Describe the aggregated total and provide a projection broken out by year. (i.e. Year 1 ____ Year 2 ____ Year 3 ____ Total ____)

BUDGET

Q11. Describe the total augmentation request through the end of the project period. State the aggregated total and provide a break out by year. (i.e. Year 1 ____ Year 2 ____ Year 3 ____ Total ____).

Q12. Describe in detail 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.)

Q13. Describe the sources and amounts of non-CNCS support that will be applied to meet the Senior Corps match requirement. Describe the commitment of the applicant organization to secure resources for exceeding required non-federal funds.

E. Tables to support identification of evidence-based programs

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

Program name & developer website ⁱⁱ	Demonstrated Outcomes ⁱⁱⁱ	Mode and Duration ^{iv}	Evidence Review
Across Ages http://acrossages.org	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 http://www.crimesolutions.gov/ProgramDetails.aspx?ID=314 . See also https://nrepp.samhsa.gov/ProgramProfile.aspx?id=209 .
A Matter of Balance www.mainehealth.org/mob	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 https://www.ncbi.nlm.nih.gov/pubmed/9826971 and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4410326/
Big Brothers Big Sisters Community-Based Mentoring^v www.bigbrothersbigsisters.org	Positive findings for student behavior.	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 http://www.crimesolutions.gov/ProgramDetails.aspx?ID=112 . See also https://ies.ed.gov/ncee/wwc/Study/82206

Program name & developer website ⁱⁱ	Demonstrated Outcomes ⁱⁱⁱ	Mode and Duration ^{iv}	Evidence Review
Chronic Disease Self-Management Program and variations^{vi} http://patienteducation.stanford.edu	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"> • Arthritis Self-Management - weekly two-hour workshop for six weeks • Online Disease Self-Management - log on two to three times per week 	See citations in the Centers for Medicare & Medicaid Services' Evaluation of Community-based Wellness and Prevention Programs (https://innovation.cms.gov/Files/reports/CommunityWellnessRTC.pdf). For a review of research and implementation support for the Spanish-language version of the Diabetes Self-Management Program see http://www.acl.gov/Programs/CPE/OPE/docs/Programa_de_Manejo_Personal_de_la_Diabetes.pdf .
Enhance Fitness www.projectenhance.org/enhancefitness.aspx	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: https://www.acl.gov/sites/default/files/programs/2017-03/EnhanceFitness_InterventionSummary.pdf
Experience Corps www.aarp.org/experience-corps	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: http://ies.ed.gov/ncee/wwc/Study/67280 .
Fit and Strong http://fitandstrong.org	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: https://www.acl.gov/sites/default/files/programs/2017-03/Fit_and_Strong.pdf .

Program name & developer website ⁱⁱ	Demonstrated Outcomes ⁱⁱⁱ	Mode and Duration ^{iv}	Evidence Review
Healthy Steps for Older Adults www.aging.pa.gov/aging-services/health-wellness/Pages/Healthy-Steps-for-Older-Adults.aspx	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: https://www.acl.gov/sites/default/files/programs/2017-03/HSOA-Intervention-Summary-Report.pdf .
Jumpstart http://jstart.org	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 http://www.nationalservice.gov/impact-our-nation/evidence-exchange/Jumpstart-CA .
Program of All-Inclusive Care for the Elderly (PACE) www.npaonline.org	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 https://www.acl.gov/sites/default/files/programs/2017-03/PACE-ADEPP-Summary-2014.pdf .
Reading for Life www.readingforlife.us	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. ^{vii}	For a USDOJ National Institute of Justice-sponsored review of research (2016) on the Reading for Life program, see http://www.crimesolutions.gov/ProgramDetails.aspx?ID=464 .

Program name & developer website ⁱⁱ	Demonstrated Outcomes ⁱⁱⁱ	Mode and Duration ^{iv}	Evidence Review
Reading Partners http://readingpartners.org	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: http://ies.ed.gov/ncee/wwc/Study/80616 . The average student in the impact study received 57 minutes of tutoring per week for 28 weeks.
Senior Reach www.seniorreach.org	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 http://legacy.nreppadmin.net/ViewIntervention.aspx?id=330
Sound Partners www.voyagersopris.com/curriculum/subject/1/iteracy/sound-partners	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: http://ies.ed.gov/ncee/wwc/Intervention/440 .
Tai Ji Quan: Moving for Better Balance http://tjqmbb.org	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: https://www.acl.gov/sites/default/files/programs/2017-03/TaiChi_InterventionSummary.pdf .

Program name & developer website ⁱⁱ	Demonstrated Outcomes ⁱⁱⁱ	Mode and Duration ^{iv}	Evidence Review
Wellness Initiative for Senior Education (WISE) www.njpn.org/initiatives	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: https://www.acl.gov/sites/default/files/programs/2017-03/WISE_ACL_Summary.pdf

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
Institute for Education Sciences (U.S. Department of Education)	What Works Clearinghouse/Find What Works www.ies.ed.gov/ncee/wwc <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” (+-).
Administration for Community Living (U.S. Dept. of Health and Human Services)	Aging and Disability Evidence-Based Programs and Practices www.acl.gov/Programs/CPE/OPE <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
Centers for Disease Control (U.S. Dept. of Health and Human Services)	CDC Compendium of Effective Fall Interventions www.cdc.gov/homeandrecreationalafety/Falls <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
Centers for Medicare and Medicaid Services (U.S. Dept. of Health and Human Services)	Evaluation of Community-based Wellness and Prevention Programs https://innovation.cms.gov <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>
National Institutes of Health, National Cancer Institute (U.S. Dept. of Health and Human Services)	Research-tested Intervention Programs (RTIPs) https://rtips.cancer.gov/rtips <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
Substance Abuse and Mental Health Services Administration (U.S. Dept. of Health and Human Services)	National Registry of Evidence Based Programs www.nrepp.samhsa.gov <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>
Office of Juvenile Justice and Delinquency Prevention (U.S. Department of Justice)	Model Programs Guide www.ojjdp.gov/mpg <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>
National Mentoring Resource Center (sponsored by USDOJ OJJDP)	Mentoring Program Reviews www.nationalmentoringresourcecenter.org <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. Examples of program evaluation research registries

Table 3 includes examples of federal registries that rate the rigor of *studies* of programs in areas of interest to CNCS. You may use the registries in Table 3, or other registries, to search for studies that have a rigorous design sufficient for demonstrating causal evidence of a program. You must also assess whether the studied program demonstrated positive results for the outcomes of interest (some studies listed, though rigorous, may show that the program as evaluated demonstrated no or negative impact for participants and would thus not be considered an evidence-based program for this augmentation opportunity).

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
Administration for Children and Families (U.S. Dept. of Health and Human Services)	Strengthening Families Evidence Review http://familyreview.acf.hhs.gov <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>

<p>Corporation for National and Community Service (CNCS)</p>	<p>Evidence Exchange www.nationalservice.gov/evidence-exchange</p> <p><i>Description: Contains evaluation research reports on models sponsored by CNCS, notably Minnesota Reading Corps (Pre-K, K-3).</i></p>	<p>Study must be rated “Moderate” or “Strong.”</p> <p><i>Open the Advanced Search tab. Locate the Levels of Evidence criteria and select Moderate and Strong.</i></p>
<p>U.S. Department of Labor</p>	<p>Clearinghouse for Labor Evaluation and Research (CLEAR) http://clear.dol.gov</p> <p><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></p>	<p>Supporting studies must be rated “Moderate Causal Evidence” or “High Causal Evidence”</p> <p><i>Select a Topic Area, filter by Study Type: Causal Analysis and select Moderate or High.</i></p>

ⁱ 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.

ⁱⁱ A listing in this table does not constitute endorsement of the program or of products and services offered by program developers.

ⁱⁱⁱ 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.

^{iv} 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.

^v The Big Brothers Big Sisters Community-Based Mentoring Program has demonstrated outcomes related to student behavior. ED27 may be used to fulfill National Performance Measure requirements.

^{vi} 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.

^{vii} 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.