

IMM/LHD CCA
DSHS Contract Number: 2012-039103
CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT
Exhibit D
Strengthening Immunization Coalitions/Collaborations Reports

Submit Progress Reports electronically to DHSImmunecontracts@dshs.state.tx.us by:

Name of Local Health Department _____
 Name of the Collaboration/Coalition Coordinator _____
 Name of the Collaboration/Coalition Facilitator _____

Name and title of person completing this evaluation form: _____

1st Report Period 05/01/2012-6/30/2012 Due Date: 07/03/2012 2nd Report Period 7/1/2012-8/31/2012 Due Date: 09/30/2012

1. Development	Comments
a. Have you identified new partners that will strengthen the community efforts to raising vaccination coverage levels in you county or community?	
b. List the name(s) recruited collaborators for this reporting period.	
c. Do you have documentation or letters of agreement, if yes list collaborators information. (must be available upon request)	
	Comments
2. Goals and Activities	
a. Is your collaboration targeting single or multiple populations? List the population groups.	
b. Is your collaboration focusing on multiple “best practices: known to raise vaccination coverage levels? List best practices.	
c. How many meetings have you had this quarter? Attach minutes and sign in sheet.	

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d. How many “Best Practice” activities were planned this quarter? List Best Practice with logic model outcomes.	
e. What were the challenge(s) for this quarter? Explain.	
f. What have you achieved this period?	
	Comments
3. Training Be sure to address specific training pertaining to coalition sustainability.	
a. List and describe all training attended and/or provided to coalition/ collaboration members and staff?	
b. Have you or members of your staff attended TISWG meeting? List the date and name of attendees	
c. What other training needs have been identified?	
d. What Technical Assistance do you require? If yes describe.	
	Comments
4. Budget Referring to the finance model for your Immunization Program Grant, describe what has been different or challenging.	
a. Describe any budget challenges experienced this quarter?	
b. Have you submitted your B-13’s and required FSR to claims processing in accordance with state requirements?	
Additional Comments May Be Added Below	