

SAMPLE LOGIC MODEL

PROGRAM LOGIC MODEL

Applicant name: ABC Org

Program Name: HomeMod: Reducing Hazards to Make Your Home Work for You

Target Population Served: STL City Residents, 60+, Experienced recent fall or concerned about fall risk (self-report or referral)

Inputs List & quantify the materials, staff, equipment, training, etc. that you need to deliver your program	Activities List the various activities you will perform to deliver your program	Outputs List what & quantify how much you anticipate you will deliver as a result of your activities.	Outcomes Describe broadly the changes your program is intended to make in the lives of participants. This can include changes in knowledge, attitudes, skills, behavior, status or condition, and/or access to resources.
<ul style="list-style-type: none"> • Staff <ul style="list-style-type: none"> ○ 1 FTE Coordinator with Occupational Therapy Background ○ 10% Effort Project Manager • Contractors • \$ for Home Modifications • Partner organizations for referrals to additional fall prevention programs 	<ul style="list-style-type: none"> • Marketing of program services to churches, senior centers, neighborhood organizations, etc. • Phone Screenings and Resource Referral • Home Safety Assessment • Removal of home hazards, including home modifications 	<ul style="list-style-type: none"> • 150 Residents Screened for Eligibility • 75 Residents Referred to Other Programs • 75 Clients Complete Home Assessments • 60 Clients Complete Process to Reduce Home Hazards • 30 Clients Referred to Additional Fall Prevention Programs 	<ul style="list-style-type: none"> • Clients reduce home hazards • Clients maintain reduction of home hazards for at least 6 months post intervention • Reduction (or no) falls for clients in 6 months post-intervention • Clients remain in home

EVALUATION PLAN

Applicant name:

Program Name:

Outcome Statement ¹	Evaluation Method ²
60 of 75 clients (80%) follow action plan developed with coordinator and reduce home hazards.	Westmead Home Safety Assessment & Action Plan
45 of 60 (75%) clients maintain reduction of home hazards for at least six months.	Follow-up visit. Repeat Home Safety Assessment.
24 of 60 (40%) clients report a reduction or no falls in the past 6 months after intervention.	Pre and post self-reported falls in past six months.
20 of 30 (60%) clients follow through on referrals.	Follow-up visit.

¹ List all outcomes you will be tracking and reporting on in this grant year, if awarded. Please reference the *User's Guide* for Requirements related to Outcome Tracking and Reporting. All Outcome Statements must follow the following format: ___ of ___ (___%) participants who ___ will ___ by ___.

² List the tool (survey, checklist, assessment, etc.) and timeframe you will use to measure progress on each Outcome.

SAMPLE LOGIC MODEL

PROGRAM LOGIC MODEL

Applicant name: ABC Org

Program Name: Benefits Check-Up- Connecting Residents to Resources

Target Population Served: STL City Residents, 60+

Inputs List & quantify the materials, staff, equipment, training, etc. that you need to deliver your program	Activities List the various activities you will perform to deliver your program	Outputs List what & quantify how much you anticipate you will deliver as a result of your activities.	Outcomes Describe broadly the changes your program is intended to make in the lives of participants. This can include changes in knowledge, attitudes, skills, behavior, status or condition, and/or access to resources.
<ul style="list-style-type: none"> • Staff <ul style="list-style-type: none"> ○ 1 FTE Care Manager ○ 3 Practicum Students and Interns • Partner organizations for referrals 	<ul style="list-style-type: none"> • Marketing of program services to churches, senior centers, neighborhood organizations, etc. • Complete NCOA Benefits Check-up • Assist client with completion of applications or other follow-ups for eligible benefits 	<ul style="list-style-type: none"> • 500 Clients Complete NCOA Benefits Check-up • 200 Clients Referred to Other Programs • 300 Clients Complete Applications or Process for Identified Benefits • Total funds brought in by program. 	<ul style="list-style-type: none"> • Clients are connected to existing services they need • Clients increase benefits they are receiving • Clients increase monthly income • Clients increase capacity to meet basic needs

EVALUATION PLAN

Applicant name:

Program Name:

Outcome Statement³	Evaluation Method⁴
150 of 200 clients (80%) follow through on referrals.	Follow-up phone call 3 months after assessment.
250 of 300 (75%) clients receive new benefits.	Follow-up office or home visit 3 and 6 months post applications completed.
200 of 300 (66%) clients report increase in monthly income and ability to meet basic needs.	Follow-up phone call 6 months to 1 year post intervention. Elder Economic Security Standard Index.

³ List all outcomes you will be tracking and reporting on in this grant year, if awarded. Please reference the *User's Guide* for Requirements related to Outcome Tracking and Reporting. All Outcome Statements must follow the following format: ___ of ___ (___%) participants who ___ will ___ by ___.

⁴ List the tool (survey, checklist, assessment, etc.) and timeframe you will use to measure progress on each Outcome.