For a Program that is funded through the CBCAP State Lead Agency providing Evidence-Based Programs and Practices
Total Contract/ Grant Amount: $

*Note: Add more worksheets as needed to account for all services currently provided.

Program/Practice Name	CBCAP $ used for program/practice	Continuum of Evidence as defined by PART CBCAP measure	References to supporting documentation
	$	☐ Program Lacking Support/ Positive Evidence/ Harmful/ Undetermined ☐ Emerging and Evidence Informed Programs and Practices ☐ Promising Programs and Practices ☐ Supported ☐ Well Supported	
	$	☐ Program Lacking Support/ Positive Evidence/ Harmful/ Undetermined ☐ Emerging and Evidence Informed Programs and Practices ☐ Promising Programs and Practices ☐ Supported ☐ Well Supported	

TOTALS: Please add the total $ amount for each category stated above.

Emerging/ EIP Total: $	Promising Total: $	Supported Total: $	Well Supported Total: $	Lacking Support/ Undetermined/ Harmful Total: $