Subaward Activity Report Template

This template will help you collect the information needed to enter an Activity Report into the NNLM online reporting system.

Submit one activity per report.

Fields marked with a red asterisk \* are required fields.

Documentation for completing the Subaward Activity Report form is located on our [Grant Reporting Guide](https://www.nnlm.gov/funding/reporting)

# Activity Lead and Partners

## Your Information as Activity Lead

This section will be auto-populated. If you need to make a change to this section and cannot, email the Region of NNLM you received funding from.

First Name 

Last Name 

Email 

Organization Name 

## Activity Partners

**Identify other organizations collaborating on this activity. For exhibits/health fairs, enter the name of the Organization. Example: Idaho State Dental Association

### Select a Partner

This is a data validated field: in the online form you can type in the name of any partner organizations and if they are already in the system, they will load. Otherwise, you can create a new partner organization here using the second option below.

### Organization Name

Add additional Activity Partner?

 Partner not in the NNLM directory

# Activity Details

Please provide us with the activity’s main identifiers or characteristics

### Activity Type \*

Specify the type of activity conducted **(select only one option)**



#### Awareness and Promotion

Demos

Exhibits/Health Fairs

Poster Sessions

Other Promotional Activities

#### Career Development and Training

Career Development

Classes/Courses/Trainings/Workshops

Lectures

Panels

Presentations

Symposia

Webinars

#### Persistent User Engagement & Partnerships

Focus Groups

Site Visits

Technology

User Feedback/Needs Assessment

### Activity Title, Exhibit/Health Fair Name \*

**Enter a concise, meaningful title for the activity with an external, public audience in mind. Examples:

* **Class/Course/Training/Workshop name:** Beyond an Apple a Day: Providing Consumer Health Information at Your Library
* **Exhibit/Health Fair name:** Annual Meeting & Expo

### Activity Description? \*

**Describe the activity. Include specifics about how it was conducted and its impact.

### Activity Start Date? \*

**Enter the start date for the activity.

### Activity End Date? \*

**Enter the end date for the activity. Enter the same date in both fields for an activity that begins and ends on the same day.

### Activity was Conducted? \*

**Specify whether the activity was conducted “Online” or “In Person.” Only select “Online” for activities with no in-person component. For hybrid activities which have online and in-person components, select In Person.

Online

In Person

### Training was Provided\*

**Specify whether the activity included providing training for attendees.

Yes

No

### Number Reached? \*

Report the number who attended/participated in a substantial part (at least 30%) of the activity. Do not report the number who registered for the activity.



### Activity Notes

**Use this field to record any notes your Region, Office, or Center wishes to document about the activity.

## Activity Address

**Address must be entered with complete street address so that the activity can be precisely mapped.

Example:

6707 Democracy Blvd.

Two Democracy Plaza, Suite 510

Bethesda

United States

Maryland

20817

Montgomery

Address 1 \*

Address 2 

City \*

Country\*

State/District\*

ZIP Code \*

County/District \*

# NLM’s strategic objectives, core functions, and products

This section pertains to how your activity relates to the NNLM mission

### NLM Products

Select products that were taught, demoed, or featured in the activity; limit of 5.



 Assembly

 BLAST

  ChemID Plus

  ClinicalTrials.gov

  ClinVar

  Collections

  DailyMed

  dbGap

  dbSNP

  DOCLINE

  Drug Information Portal

  Emergency Access Initiative

  Exhibitions

  GenBank

  Gene

  Genome

  HMD Traveling Exhibitions

  IndexCat

  Library LinkOut

  LitCovid

  LocatorPlus

  MedGen

  MedlinePlus

  MedlinePlus Connect

  MeSH

  Nucleotide

  Open-I Multimedia Search Engine (Open-i)

  Protein

  PubChem

  PubMed

  PubMed Central

  RxNorm

  SNOMED CT

  SRA

  Wireless Information System for Emergency Responders (WISER)

  Other

### Additional Activity Content?

Select content (other than NLM Products) that was taught, demoed, or featured in the activity; no limit.



  All of Us

  Assessment & Evaluation

  Citizen Science

  Clinical Resources

  Consumer Health Resources

  Data Management

  Data Science

  Digital Literacy

  Disasters & Emergencies

  Electronic Health Information Resources

  Evaluating Health Information Resources/Websites

  Funding

  Grant & Proposal Writing

  Health Literacy

  HHS Resources

  HIV/AIDS

   NIH Resources

  NNLM

  Opioid Use Disorder/Pain Management

  Public Health Resources

  Technology Awareness

  Other

### Types of Organizations Associated with the Activity \*

Question mark icon indicating help text.Identify organizations for the following:

1. the individual who conducted the activity
2. location where activity was conducted
3. entities sponsoring the activity

#### Academic Institution

  College or University (excluding community colleges)

  Community College

  K-12

  Vocational or Training Program

  Other Academic Institution

#### Library

  Academic Health Sciences Library (Higher Education)

  College or University Library (excluding community colleges)

  Community College Library

  Hospital Library

  K-12 Library

  Public Library

  Vocational or Training Program Library

  Other Library

#### Organization

  Community Based Organization

  Faith Based or Other Religious Organization

  HIV Services

  Other Organization

#### Association

  Professional Society

  Other Association

#### Government

  Department of Public Health

  Federal Government

  Local Government

  Tribal Government

  Other Government Agency/Initiative

#### Health/Healthcare

  Hospital

  Medical Office/Clinic

  Other Health/Healthcare

#### Other

  Other Organization Type Not Listed

#### Unknown

  Unknown Organization Type

  Public Health Organization (Non-Government)

  State or County/Regional Government

# Demographics

Specify the demographic group(s) this activity planned to reach/benefit. If no specific demographic group(s) were identified during planning, leave this field blank.



Do not list all demographic groups which may have attended, participated, or benefited from the activity; only report groups that were identified during planning.

#### Age Group

 Children (0-12 yrs.)

 Teens (13-18 yrs.)

 Adults (19-64 yrs.)

 Seniors (65+ yrs.)

#### Sexual & Gender Minorities

 LGBTQIA+

 Women

#### Geographic Type

 International

 Medically Underserved Areas/Populations

  Rural

 Suburban

 Urban

#### Issues & Interests

 Behavioral/Social Determinants of Health

 HIV/AIDS

  Maternal Health

 NIH Helping to End Addiction Long-Term (HEAL) Initiative

 Opioids

 Socioeconomically Disadvantaged Populations

 Vaping

#### Race & Ethnicity

 Alaska Natives

  American Indians

 Asians/Asian Americans

 Blacks/African Americans

 Hispanics/Latin Americans

  Native Hawaiians

  Other Pacific Islanders

# Role of Activity Participants? \*

Identify roles of attendees/followers/participants/subscribers who benefited from/were reached by this activity



 Data Scientist

 Educator - College & Post-grad

 Educator - K-12

 Emergency Preparedness and First Responder

 General Public

 Government Staff - Federal

 Government Staff - Local & Municipal

 Government Staff - State

 Government Staff - Tribal

 Health Professional

 Historian

 Library or Information Professional

 Library Staff - Community College

 Library Staff - Health Sciences

 Library Staff - Public

 Library Staff - Other

 Organization Staff - Community Based

 Organization Staff - Faith Based

 Public Health Professional

 Researcher

 Student - College & Post-grad

 Student - K-12

 Other

# Evaluation

## What were the goals of this activity in terms of the impact on its participants? \*

**Select all the activity aimed to address.

#### Awareness

  Awareness of NLM

  Awareness of NLM Resources

  Awareness of NLM programs and services

#### Career Impact

  Professional performance (ability to perform novel tasks at work, or ability to perform old tasks more efficiently)

  Career growth and advancement

#### Community Building

  Opportunity for knowledge exchange and collaboration

#### Health Behavior

  Health behavior (e.g., wellness habits)

#### Knowledge & Skills

  General information evaluation skills

  General information seeking skills

  Professional data services skills

  Professional evidence-based practice & research skills

  Professional information management skills

  Proficiency with specific NLM resources or tools (ability to perform specific tasks beyond the awareness of the existence of the resources)

  Specific health-related content knowledge

  Technology and Internet proficiency (skills impacting the digital divide)

#### Self-Efficacy, Values, & Trust

  Self-efficacy in interacting with health information and health information resources (feeling confident about one’s ability to use resources and find information)

  Perception of health information/health information access as valuable

  Trust in NLM as a reliable health information source

  Trust in NLM as a partner in programs, activities, and initiatives

#### Use of NLM Resources

  Use of NLM resources in personal life (e.g., to look up information about a personal health concern)

  Use of NLM resources in professional settings (e.g., in the context of working with clients or patients, or in research)

  Other

## What participant-level survey data were collected? \*

  NNLM training survey

  NNLM outreach activity survey

  Other

  None

## Achievements \*

Evaluation data must be accurate, complete, and written formally, in third person. Write achievements so the text could be copied into a formal report, or included in publicity (blog, news item) with little or no modification. The achievements should be able to stand alone in describing the activity and its outcomes.



## Was participant data collected?

Yes

No

On the online form, selecting “Yes” will allow you to enter participant data. If you have used the Participant Information Template, this will be helpful for filling out this section.

At the end of the online form, you will have the option to save as a draft, or submit the report.