



**CoBro Consulting Services and
Comprehensive Program Assessment System (Compass) Program Information Form**

Please complete one form for each program for which you are seeking services.

If you have a grant program for which you are interested in using CoBro Consulting Services, the Compass System, or CompassMatch, please complete the following form. Information provided in this document will help us to determine how to accommodate your database management and program evaluation needs.

I. Contact Information

Program Director/ Manager contact information:

Name:	Title:	Organization/Institution:
Mailing Address:	City/State/Zip:	
Physical Address (if different from above):	City/State/Zip:	
Phone:	Email:	

Additional contact, if applicable:

1. Name:	Title:	Organization/Institution:
Phone:	Email:	

II. Evaluation and Database Management System Needs

Do you currently have/use a database management system? ☐ Yes ☐ No

Do you currently have an evaluator? ☐ Yes ☐ No

Please indicate the services for which you would like a price quote. (Mark all that apply.)

- ☐ Comprehensive Program Assessment System (Compass): Data management and reporting (student tracking) system
- ☐ CompassMatch: Matching funds (in-kind) contribution management and reporting system
- ☐ Surveys (form design, data processing, analysis, and results report development)
- ☐ Biennial evaluation and results report development
- ☐ Evaluation reports during non-biennial years (*Choose one*):
 - ☐ Full annual evaluation report (similar in scope to biennial report)
 - ☐ Summary progress report (one-page both sides graphic/narrative document).
- ☐ Data analysis to examine progress toward established grant objectives for Annual Performance Report (APR)
- ☐ Assistance with evaluation-related narrative sections for Annual Performance Report (APR)
- ☐ Other, please specify.



III. General Program Information

Name of federal grant initiative (e.g., GEAR UP, TRIO, CACG):

Official name of program:

Institution or organization administering the grant:

Primary location of program:

IV. Specific Program Information

**Denotes fields applicable to GEAR UP programs only*

☐ Proposed - If proposed, have you received notification of your award? ☐ Yes ☐ No

If no, when do you expect notification?

Expected program start date:

☐ Existing - If existing, year awarded: _____ Duration of program (number of years granted): _____

*Type of Grant: ☐ State-Wide ☐ Partnership ☐ Other

*Grant Model : ☐ Cohort ☐ Priority ☐ Combination

If cohort model, how many **cohorts** will you serve?

Number of years of back data:

Please provide approximate figures for the following:

Total number of students you will serve each year (all years) :

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7

Total number of participating schools (all years):

Elementary Schools	Middle Schools	High Schools	Postsecondary Institutions

Total number of participating districts (all years):

Districts	Independent/Charter Schools (if not included in district count)

Do you have access to academic data? ☐ Yes ☐ No

- If Yes, for how many of your districts? For _____ out of a total of _____ districts.
- If No, please describe the availability of data?
- Do you have access to data collected by your State Longitudinal Data System? ☐ Yes ☐ No

Do you have a timeline for implementation of our services?



Please describe any additional program features you feel are unique to your grant.

Do you have any specific requirements or requests for database management or evaluation services?

Do you have any additional information about this program that you feel would be useful for us to know?

V. Survey Information

If you are not requesting information about our survey services, please skip this section.

Please indicate the survey needs you would like included in your cost estimate (mark all that apply):

Who will be surveyed?	Students	Parents	Staff/Teachers	Other ¹ (specify:)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Survey Language(s) Required²</u>				
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Survey Method(s) Required</u>				
Paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Survey Frequency Required</u>				
Twice a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once every two years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Survey Results Reports</u>				
One report per program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One report per region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One report per school district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One report per school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹Examples of *Other* surveys that may be pertinent: comparison group students and/or parents, program partner organizations/individuals.

Note: CoBro Consulting will provide forms in English and Spanish, and will rely on your local translator to provide additional translations. We will work with the translator to ensure these forms can still be scanned/processed by CoBro.

Please describe any other survey services you are requesting, if applicable.

Thank you for your interest in our services!

Please submit this completed form to: Carina Davio at cdavio@cobroconsulting.com.

