CAPIT/CBCAP/PSSF Expenditure Workbook
CBCAP Programs
Worksheet 2

Appendix X

(1) COUNTY: **Sample** **(2) YEARS:** **1-5**

No.	Program Name	Logic Model			EBP/EIP ONLY						Parent Involvement Activities		
					EBP/EIP Level As determined by the EBP/EIP Checklist								
		Logic Model Not Applicable	Logic Model Exists	Logic Model Will be Developed	Program Lacking support (Level 0)	Emerging & Evidence Informed Programs & Practices (Level 1)	Promising Programs & Practices (Level 2)	Supported (Level 3)	Well Supported (Level 4)	EBP/EIP Checklist is on file or N/A	Planning	Implementation	Evaluation
A	**B**	**C1**	**C2**	**C3**	**D1**	**D2**	**D3**	**D4**	**D5**	**D6**	**E1**	**E2**	**E3**
2	TBD - Parent Leadership			X						N/A	X	X	X