

Logic Model
Nutrition, Transportation, & Support Services
State of Alaska/ DOH/Division of Senior & Disabilities Services

DOH Priority: Health and wellness across the lifespan

DOH Core Service: Provide quality of life in a safe living environment for Alaskans

Grant Program: Nutrition, Transportation, & Support Services

Date: _____

Provider #: _____

Grant # 167-309- _____

Instructions: Complete details in **Resources, Activities, and Outputs** applicable to the proposed project below. Use the Outcomes and Goal provided.

Resources (List)	Activities	Outputs w/metrics	Outcomes (Results)	Goal
<u>Eligible Alaskans</u> Individuals age 60+ Personnel Community Partners Community Resources			1. Older Alaskans report services maintain or increase their quality of life, and enhances their ability to age safely in place. 2. Older Alaskans maintain or increase satisfaction with services by rating them as good to excellent. 3. Providers maintain or increase number served who meet the definition of the target population with social, functional, and/or economic needs. <ul style="list-style-type: none"> • Live alone • ADL/IADL • Income Below Guidelines 4. Providers manage	Older Alaskans will maintain quality of life in a safe environment, in their community of choice.

Funding Sources			grants responsibly and services are effective and efficient.	
Facilities & Vehicles				
Other				

LOGIC MODEL INSTRUCTIONS: For Page 1 of this form:

1. Resources are the elements or ingredients that constitute your program. List the following:

- Who provides your program? (e.g. staff, volunteers, contractors)
- Who participates in your programs? (e.g. individuals, families, etc.)
- Where does the program take place? (e.g. clinic space, classrooms, etc.)
- How is the program funded? (e.g. foundation/government grants, participant fees, etc.)

2. Activities are what you do. These are the processes or events that you undertake using the resources available. List your major programmatic activities. (Examples: “Meal Delivery Program,” “Smoking Cessation Program”)

3. Outputs describe the number and type of participants served; the number and duration of events, and all products produced by your activities. Please list:

- The number, type and duration of program events or interactions, and the number of program participants. Example: “30 single moms receive one hour of weekly one-on-one counseling on coping skills.”
- The number and types of any products that are created by the program. Example: “1,200 newsletters mailed to clients”

4. Outcomes (provided for you) are what you cause to happen, and describe changes in *beliefs*, *attitudes*, *knowledge*, and *behaviors* that the program produces. Now describe appropriate outcomes for your programs at the individual, organizational, and community level. Example: “Decrease smoking and drug use among low-income youth.” As you identify your program outcomes, determine whether these are short-term, intermediate, or long-term outcomes of your program work. Please structure your outcome statements using the following format:

The Desired Effect	In What	For Whom
Increase	Attitude	Program Participant
Decrease	Perception	Client
Maintain	Knowledge	Individual
Improve	Skill	Family
Reduce	Behavior	Neighborhood
Expand	Condition	Organization
Etc.	Etc.	Community

5. Goals (provided for you) are the ultimate impacts your program expects to make, and are consistent with the larger mission and vision of your program. Goals are often influenced by other factors in addition to your program.