

# AGENCY DECISION PACKAGE

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**FISCAL YEAR:**

**AGENCY NAME:**

<b>Initiative Number:</b>	
<b>Initiative Name:</b>	
<b>Initiative Owner- Finance:</b>	
<b>Initiative Owner- Program:</b>	

	Current Services Level	Agency Request	Change from Current Services Level
<b>General Revenue:</b>			
<b>All Funds:</b>			

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## **Proposal Background**

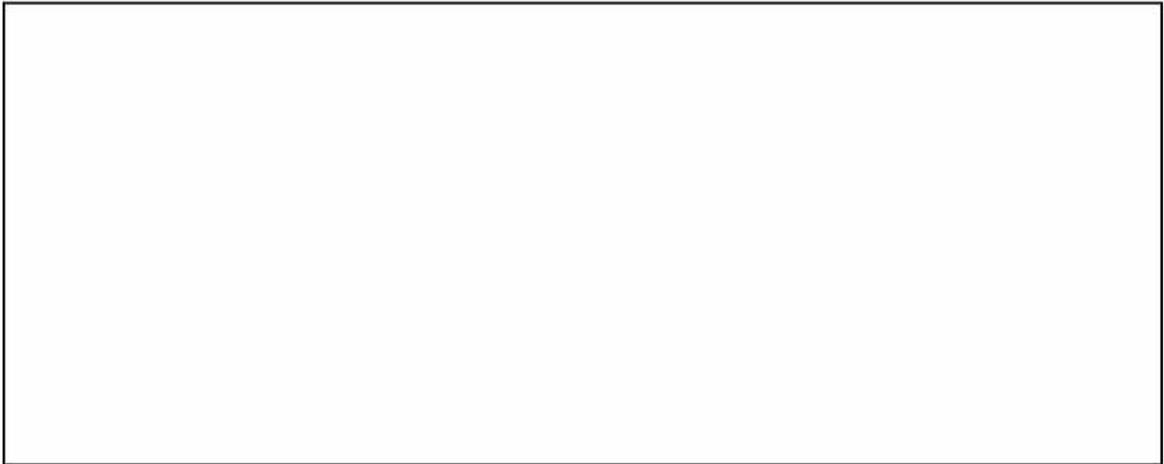
1. **Is this a request for expansion or contraction of an existing initiative/service or for funding for a totally new initiative/service?**
  - Unconstrained Request: Expansion of existing initiative/service
  - Unconstrained Request: New initiative/service
  - Constrained Request: Adjustment of existing initiative/service
  - Constrained Request: Elimination of existing initiative/service

2. **Overview**

*Provide a brief "elevator pitch" about this initiative.*

### **3. Opportunity Statement**

*In this section, clearly explain the problem that exists today and the opportunity that your request presents to capitalize on. The best opportunity statements thoroughly explain, with as much detail as possible: (1) where we are today; (2) where we want to be in the future; and (3) why there is the gap between where we are and where we want to be. The best opportunity statements also quantify key variables wherever possible.*



### **4. Proposed Intervention & Theory of Change**

*Provide a detailed description of the initiative you are proposing to respond to the above-described problem/capitalize on the opportunity. Your narrative here should clearly describe how your intervention, if funded, could close the gap described above and achieve the desired future state.*



**5. Does this request involve new FTE/staffing requirements?**

- Yes
- No

*If Yes, provide an overview of the new FTEs that the proposal will require, including their respective anticipated titles and total salary & benefits costs.*

**Evidence Base**

**6. Evidence Scale Ranking**

*Please rank the proposed initiative’s current level of evidentiary support on a scale from 0-5, based on the [RI Evidence Scale](#), with one being the least evidentiary support and five being the most evidentiary support. You can use tools like the [Pew Results First Clearinghouse](#) and the [Social Programs That Work](#) database to determine whether the initiative you are proposing has been rigorously evaluated in other jurisdictions. The Office of Management & Budget understands that the majority of agency requests will likely not be in the top evidence tiers at the point of submittal, and you should certainly feel free to submit requests that are “theory-based” rather than evidence based. Please note that “theory-based” submissions should include a robust and compelling measurement and evaluation plan in the Performance Measurement section.*

Evidence of Insufficient Impact or Unintended Effects	Theory- Based		Promising		Proven Effective
0	1	2	3	4	5

## 7. Description of Evidence Base

*Describe the justification for your evidence scale ranking. What evidence exists that makes you think that the proposed initiative will work? Where is there uncertainty of effectiveness? It is helpful to include citations, links, or attachments of relevant evidence source(s)*

## **Evaluation & Performance Measurement**

*This section uses conditional logic and automatically locks out questions not required for your agency's request.*

### 8. Does your agency currently collect performance data for this initiative?

- Yes
- No

### 9. What methodologies **do you currently use** for program evaluation? Check all that apply.

- No evaluation is done
- Measurement of the resources (e.g. staff, material expenses) required to deploy the service or initiative
- Measurement of how many people use the service or initiative
- Focus groups, surveys, or other qualitative methods that ask people about their experience with the service/initiative
- Measurement of outcomes at a point in time or over time (e.g. monthly or quarterly reports of student test scores, average wages, crime reports, park admissions, medical claims, etc.)
- Measurement of causal impact with econometric methods (e.g. regression discontinuity, multiple regression, matched controls, instrumental variables)
- Measurement of causal impact with a randomized control trial (RCT)
- Other:

**10. What specific metrics are you currently tracking for this initiative? Why? Provide performance data for at least the past three fiscal years, if available.**

**11. Which of the following best describe the type(s) of data that you currently use for evaluation? Check all that apply.**

- No data is collected
- Qualitative data is collected (e.g. participant demographic information)
- Quantitative data is collected (e.g. number of participants)
- Aggregate-level data is collected (e.g. % of students who qualify for free/reduced lunch)
- Individual-level data is collected (e.g. household income amount for an individual student)

**12. Which of the following best describes the source(s) of data that you currently use for evaluation? Check all that apply.**

- No data is collected
- We use existing data that has been collected by another state agency, the federal government, a private entity, or another source
- We use existing data that has been collected by our agency for a different purpose
- We collect initiative-specific data

**13. What performance change have you seen over the years that the initiative has been operational? Have you made any specific programmatic or organizational changes based on the performance data that you collect about this initiative? If so, briefly describe the change(s) and its (their) impact.**

**Forward Looking Opportunities to Develop an EvidenceBase**

**14. What methodologies **will you use** for program evaluation? Check all that apply.**

- No evaluation is planned
- Measurement of the resources (e.g. staff, material expenses) required to deploy the service or initiative
- Measurement of how many people use the service or initiative
- Focus groups, surveys, or other qualitative methods that ask people about their experience with the service/initiative
- Measurement of outcomes at a point in time or over time (e.g. monthly or quarterly reports of student test scores, average wages, crime reports, park admissions, medical claims, etc.)
- Measurement of causal impact with econometric methods (e.g. regression discontinuity, multiple regression, matched controls, instrumental variables)
- Measurement of causal impact with a randomized control trial (RCT)
- Other:

**15. What specific metrics do you plan to track for this initiative? Why?**

**16. Which of the following best describe the type(s) of data that you plan to use for evaluation? Check all that apply.**

- No data will be collected
- Qualitative data will be collected (e.g. participant demographic information)
- Quantitative data will be collected (e.g. number of participants)
- Aggregate-level data will be collected (e.g. % of students who qualify for free/reduced lunch)
- Individual-level data will be collected (e.g. household income amount for an individual student)

**17. Which of the following best describes the source(s) of data that you plan to use for evaluation? Check all that apply.**

- No data will be collected
- We use existing data that has been collected by another state agency, the federal government, a private entity, or another source
- We use existing data that has been collected by our agency for a different purpose
- We collect initiative-specific data

**18. Have you identified research partners to help evaluate the initiative? If so, please describe who. If not, what type of research partnership, if any, would be helpful?**

**19. Do you want to speak with a methods expert for a consultation on what evaluation methods might be best for learning about and optimizing the performance of your initiative?**

- No, we do not need a methods expert
- No, we have already engaged a methods expert
- Maybe, it might be useful, we're open to it
- Yes, that would be helpful

**20. Timeline for Implementation**

*Describe how long the initiative will take to implement and by what date it will be fully implemented.*

## 21. Timeline for Outcomes

*How long after this initiative is implemented do you expect to see meaningful change (example: completion of a proposed training initiative, return on capital investment, attainment of program targets, etc.)? If you expect long-term savings, when do you predict that savings will begin?*

## Additional Proposal Information

### 22. Is this request related to any of the Governor's Term Two Strategic Priorities?

- Yes
- No

*If yes, Provide an explanation of how, specifically, the initiative is related to the strategic priority selected. Please note if this initiative may impact other priorities here as well.*

*If no, For unconstrained requests, provide more information about why this expansion is important and/or the critical function that it will fulfill (e.g. a statutory requirement or purposeful advancement of agency priorities) in order to justify funding for an initiative that is not a Governor-level strategic priority-aligned request.*

**23. Will this initiative require a budget article?**

- Yes
- No

*If yes, identify the statute that will be impacted by the proposed new initiative and include an attachment with proposed new statutory language to accompany the initiative.*

**24. Will this request have an impact on the budget and/or operations of other agencies?**

- Yes
- No

*If Yes, name the affected agency(ies).*

**Have the impacted agency(ies) been briefed on your inclusion of this item in your budget request?**

- Yes
- No

**25. Does this initiative impact revenue?**

- Yes
- No

*If Yes, describe the revenue impact of the proposal. For unconstrained requests that involve shifting of revenue from the general fund to your agency, include details here. Please note whether or not the Department of Revenue has been made aware of this proposal.*

**26. Does this initiative impact federal funds?**

- Yes
- No

*If Yes, describe the impact of the proposal on federal funding.*

**27. Are any information technology needs included in this initiative?**

- Yes
- No

*If Yes, include details here about the specific IT impact of the initiative, including if and how you expect it to impact the DoIT Internal Service Fund (ISF).*

**28. Is there any additional information you'd like to include about this initiative?**

**29. What priority rank is this initiative as compared to your other unconstrained proposals? (Drop Down - Select Rank)**

**30. What priority rank is this initiative as compared to your other constrained proposals? (Drop Down - Select Rank)**