PS13-1308 Work Plan Status Report (Project Narrative) Template Instructions

Funded partners must submit a Work Plan Status Report (Project Narrative) for the first six months of Year 3 (August 1, 2015 – January 31, 2016). The Work Plan Status Report (Project Narrative) must address the following elements of each objective and activity:

- Successes: Indication of the completion status of the required activities of the Year 3 Work Plan (for example: met, in progress, or not met) through January 31, 2016;
- Challenges that hindered completion of the activities in the work plan through January 31, 2016;
- CDC program support to awardees (a description of how CDC could assist you in overcoming any challenges); and
- Evaluation results through January 31, 2016, if applicable.

This sample Work Plan Status Report (Project Narrative) template is available for use, but is not required to use. Should you chose not to use this template, you are still required to include all of the elements listed within the template as detailed in the Annual Performance Report (APR) instructions.

The Work Plan Status Report (Project Narrative) should be attached in the Annual Performance Report through the "Mandatory Documents" section of www.grants.gov under "Project Narrative Attachment form." Please name the Project Narrative as follows: "{Strategy} Project Narrative Year 3 {Agency}." Please provide a separate Project Narrative for each Strategy area for which you receive funding (Strategy 1: School-Based Surveillance; Strategy 2: School-Based HIV/STD Prevention; Strategy 3: Capacity Building Assistance for School-Based HIV/STD Prevention; and/or Strategy 4: School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men).

Agency Name: Cooperative Agreement Number: PS00XXXX Grant Year: 3

	Required Activities	M	IP	NM	N/A
1. Assess tl	ne program progress, capacity, and support of priority schools annually.				
2. Review a	agreement (MOU/LOC) with each priority schools annually to confirm roles and responsibilities to implement required				
approac	hes, making adjustments as needed.				
3. Work co	llaboratively with Strategy 3 NGO to build the LEA capacity to implement ESHE, SHS, and SSE.				
4. Meet wi	th priority schools throughout the project period to provide on-going professional development (PD) and technical				
assistan	ce (TA) to implement required approaches and support youth at disproportionate risk (YDR) activities.				
	th priority schools to engage the SHAC to adopt and implement required approaches and to reassess the process for				
	g the SHAC in planning activities throughout the program period (revise as needed).				
6. Apply CI	DC PD Practices in planning and implementing PD, TA, and follow-up support				
	Success				
Required Activity	If Met or In Progress was checked, please provide a narrative (including some quantitative and qualitative information of the activity	on based	d on yo	ur actio	n
Activity Number	steps in your work plan) regarding the completion of the activity.				
Activity Number					
Activity Number Example: 4	steps in your work plan) regarding the completion of the activity. Example: 45 teachers in 12 priority school were trained on the new ESHE policy and 30 of them implemented the new policy. Challenge				
Activity Number	steps in your work plan) regarding the completion of the activity. Example: 45 teachers in 12 priority school were trained on the new ESHE policy and 30 of them implemented the new plants.				
Activity Number Example: 4 Required Activity	steps in your work plan) regarding the completion of the activity. Example: 45 teachers in 12 priority school were trained on the new ESHE policy and 30 of them implemented the new policy. Challenge				
Activity Number Example: 4 Required Activity	steps in your work plan) regarding the completion of the activity. Example: 45 teachers in 12 priority school were trained on the new ESHE policy and 30 of them implemented the new policy. Challenge				

KEY: M: Met IP: In Progress NM: Not Met N/A: Not applicable 1 | P a g e

Cooperative Agreement Number: PS00XXXX

Grant Year: 3

Please des	cribe how CDC could assist you in overcoming any challenges:				
5 Year Goa	I 2: Strengthen the capacity of the local education agency (LEA) to provide leadership, guidance, and technical assistance	e to pri	oritv di	stricts i	n an
	prove the working relationships with strategic partners to achieve program impact and sustainability.				
	Required Activities	М	IP	NM	N/A
1. Monito	or activities listed in the MOU/A between education and health agencies.				
2. Educat	e stakeholders and decision makers about the importance of each of the required approaches.				
3. Maxim funds.	ize partnerships with other federally awarded agencies and organizations to avoid duplication of efforts and leverage				
	I working relationships between education agencies, Strategy 3 NGOs, and PD contractor.	 		 	
	I partnerships with health agencies and other organizations.	 			
	y participate in virtual and in-person training events led by Strategy 3 NGO, professional development contractor, and	 		+	
CDC.	y participate in virtual and in-person training events led by strategy 5 1400, professional development contractor, and				
7. Activel	y participate in a minimum of two CDC/DASH approved in-person trainings each year.				
	in a district-level SHAC to support the implementation of program strategies in schools, to engage the SHAC to adopt and				
-	nent required approaches, and to reassess the process for engaging SHAC in planning activities throughout the program and to revise as needed.				
	nent a systematic process to engage the state-level SHAC in planning program activities.	 			
	with the "Requirements for Contents of Aids-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey			†	
	nents, and Educational Sessions in CDC Assistance Programs," and submit to a Program Review Panel to review and				
approv	e all applicable materials prior to their distribution and use in any activities funded in any part with CDC assistance funds.				
	Success				
Required Activity Number	If Met or In Progress was checked, please provide a narrative (including some quantitative and qualitative informatio steps in your work plan) regarding the completion of the activity.	n base	d on yo	ur actio	on

KEY: M: Met IP: In Progress NM: Not Met N/A: Not applicable **2** | P a g e

Revised: December 24, 2015

Agency Name:

Agency Name	: Cooperative Agreement Number: PS00XXXX	Grant Year: 3
	Challenge	
Required Activity Number	If Not Met or Not Applicable was checked, please explain why the activity was not met.	
	CDC Program Support	
Please descr	ibe how CDC could assist you in overcoming any challenges:	

5 '	Year Goal 3: Increase the implementation of Exemplary Sexual Health Education (ESHE).				
	Required Activities		IP	NM	N/A
1.	Develop and disseminate guidance to staff, decision makers, and other stakeholders about ESHE within your district and with priority schools.				
2.	Provide TA and PD on state-level guidance to district and priority schools to support ESHE policy implementation.				
3.	Provide TA, PD, and other educational opportunities for administrators, school board members, and community members to improve understanding and support for ESHE within your district and with priority schools.				
4.	Assist priority schools to establish a written MS/HS curriculum framework that reflects ESHE.				
5.	Assist priority schools to implement the selected MS/HS curriculum framework that reflects ESHE.				
6.	Assist priority schools in developing, selecting, or implementing curricula consistent with the district curricula framework that reflects ESHE and/or evidence-based intervention (EBI) with priority schools.				
7.	Establish and maintain a TA and PD system to assist priority schools in implementing ESHE.				1

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Agency Name: Cooperative Agreement Number: PS00XXXX Grant Year: 3

•	and adopt requisite teacher competencies and skills to implement ESHE including the use of EBI when appropriate with			
	istrict and with priority schools.			
	nat all teachers responsible for the delivery of sexual health education have the requisite competencies and skills to nt ESHE with priority schools.			
	PD, TA, and FUS on the essential competencies and skills to implement ESHE including EBI when appropriate with			
priority				
11. [If applic	able] Develop and foster the use of a systematic process for identifying, selecting, or adapting, and implementing ESHE			
	and/or EBI with priority schools.			
12. [If applic	able] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group with			
priority	chools.			
	with Strategy 3 NGO and other agencies and organizations to leverage resources when working within priority schools to			
increase	their capacity to implement ESHE and EBI when appropriate.			
	Success			
Required Activity Number	If Met or In Progress was checked, please provide a narrative (including some quantitative and qualitative information based on your action steps in your work plan) regarding the completion of the activity.			
	Challenge			
Required	If Not Met or Not Applicable was checked, please explain why the activity was not met.			
Activity				
Number				
	CDC Program Support			
	<u> </u>			
Please descr	ibe how CDC could assist you in overcoming any challenges:			

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Agency Name: Cooperative Agreement Number: PS00XXXX Grant Year: 3

Required Activities

5 Year Goal 4: Increase access to Sexual Health Services (SHS) for all youth.

		•				_
1. Identify	youth-friendly community health service	providers for the delivery of key	SHS in priority schools.			
2. Develop	informational materials about available S	SHS and disseminate to priority s	chools.			
3. Establish	linkages with organizations that have ex	perience in adolescent SHS in pr	iority schools.			
4. Develop	written guidance for developing a referra	al system to youth-friendly sexu	Il health services.			
5. Develop	a referral system to youth-friendly sexua	I health services with priority sc	nools.			
6. Provide	PD opportunities, TA, and follow-up supp	ort for teachers, administrators	counselors, nurses, and other appropri	ate		
staff in p	priority schools on the delivery of on-site	SHS, and referral to youth-frience	ly, off-site key SHS.			
	cable] Facilitate linking students to health ng, and treatment with providers that ha			g,		
	nplementation of SHS-related policies, (ir	<u> </u>	• •			+
	the implementation of key SHS at priorit		113).			+
		•				+
	the implementation of SHS related polici	· · · · · · · · · · · · · · · · · · ·		_		-
	cable] Implement all of the above activitie	s to meet the HIV/SID prevention	on needs of the selected YDR group with	1		
priority:	e funding to increase reimbursement for	eligible health services with priv	urity schools			+
	with Strategy 3 NGO and other agencies a		•	acls to		+
	their capacity to implement SHS.	ind organizations to leverage res	ources when working with priority scho	JOIS to		
		Success				
Required Activity Number	If Met or In Progress was checked, pleasteps in your work plan) regarding the		g some quantitative and qualitative in	formation based or	ı your actio	on
		Challenge				
KEY: M: Met	IP: In Progress	NM: Not Met	N/A: Not applicable	5 Page	5	

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Agency Name: Cooperative Agreement Number: PS00XXXX Grant Year: 3

Required	If Not Met or Not Applicable was checked, please explain why the activity was not met.					
Activity						
Number						
	CDC Program Support					
Please descr	Please describe how CDC could assist you in overcoming any challenges:					

5 Year Goal 5: Improve the Safe and Supportive Environments (SSE) for all students and staff.				
Required Activities			NM	N/A
1. Facilitate linking students to community-based mentorship and service learning opportunities in priority schools.				
2. Provide PD opportunities, TA, and follow-up support for teachers, administrators, counselors, nurses, and other appropriate staff on activities to promote school connectedness and parent engagement in priority schools.				
3. Provide PD opportunities, TA, and follow-up support for teachers, administrators, counselors, nurses, and other professionals on implementing anti-bullying and anti-sexual harassment policies in priority schools.				
4. [If applicable] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group with priority schools.				
5. Assess implementation of SSE-related policies, (including laws, codes, and regulations).				
6. Monitor the implementation of SSE-related policies in priority schools.				
7. Partner with Strategy 3 NGO and other agencies and organizations to leverage resources when working with priority districts to increase their capacity to implement SSE.				
Success				

KEY: M: Met IP: In Progress NM: Not Met N/A: Not applicable **6** | P a g e

Agency Name: Cooperative Agreement Number: PS00XXXX Grant Year: 3

Required Activity Number	If Met or In Progress was checked, please provide a narrative (including some quantitative and qualitative information based on your action steps in your work plan) regarding the completion of the activity.					
	Challenge					
Required Activity Number	If Not Met or Not Applicable was checked, please explain why the activity was not met.					
	CDC Program Support					
Please descr	ibe how CDC could assist you in overcoming any challenges:					

S Year Goal 6: Educate decision makers on policy; implement and track policies related to ESHE, SHS and SSE.				
Required Activities	М	IP	NM	N/A
1. Assess state, district, and priority schools policies related to required approaches (ESHE, SHS, and SSE).				
2. Track policy adoption and monitor policy implementation within district and priority schools.				
3. Develop and disseminate guidance to support the implementation of science-based policy practices within your district and with priority schools.				
4. Deliver training and TA to support the implementation of science-based policy practices related to the program approaches.				

KEY: M: Met IP: In Progress NM: Not Met N/A: Not applicable 7 | Page

Grant Year: 3 Agency Name: Cooperative Agreement Number: PS00XXXX 5. Educate stakeholders, including administrators and school board members within your district and with priority schools, on potential policy solutions regarding school health issues. 6. Maintain existing strategic partnerships within your district and with priority schools, to support policy assessment and implementation monitoring and, if needed, develop new partnerships. Success Required If Met or In Progress was checked, please provide a narrative (including some quantitative and qualitative information based on your action **Activity** steps in your work plan) regarding the completion of the activity. Number Challenge Required If Not Met or Not Applicable was checked, please explain why the activity was not met. **Activity** Number **CDC Program Support** Please describe how CDC could assist you in overcoming any challenges:

Evaluation Results through January 31, 2016, if applicable:

Please provide a summary of any evaluation activities undertaken during the first six-month of Year 3 in narrative format below. If you have no evaluation activities, please indicate "N/A" below. Describe all activities resulting from the evaluation requirement of the FOA.

KEY: M: Met IP: In Progress NM: Not Met N/A: Not applicable **8** | P a g e