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	М	IP	NM	N/A
1. Assess t	ne program progress, capacity, and support of priority districts annually.				
2. Review a	agreement (MOU/LOC) with each priority district 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 SEA capacity to implement ESHE, SHS, and SSE.				
	th priority districts throughout the project period to provide on-going professional development (PD) and technical				
	ce (TA) to implement required approaches and support youth at disproportionate risk (YDR) activities.				
	th priority districts to engage the school health advisory council (SHAC) to adopt and implement required approaches				
	eassess the process for engaging 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 informati	on base	d on yo	ur actio	n
Activity Number	steps in your work plan) regarding the completion of the activity.				
Activity Number					
Activity Number	steps in your work plan) regarding the completion of the activity.				
Activity	steps in your work plan) regarding the completion of the activity. Example: 45 teachers in 12 priority districts were trained on the new ESHE policy and 30 of them implemented the new				
Activity Number Example: 4 Required Activity	steps in your work plan) regarding the completion of the activity. Example: 45 teachers in 12 priority districts were trained on the new ESHE policy and 30 of them implemented the new Challenge				
Activity Number Example: 4 Required Activity	steps in your work plan) regarding the completion of the activity. Example: 45 teachers in 12 priority districts were trained on the new ESHE policy and 30 of them implemented the new 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 describe how CDC could assist you in overcoming any challenges:				
5 Year Goal 2: Strengthen the capacity of the state education agency (SEA) to provide leadership, guidance, and technical as effort to improve the working relationships with strategic partners to achieve program impact and sustainability.	sistance to pr	iority d	istricts	in an
Required Activities	М	IP	NM	N/A
1. Monitor activities listed in the MOU/A between education and health agencies.				
2. Educate stakeholders and decision makers about the importance of each of the required approaches.				
3. Maximize partnerships with other federally awarded agencies and organizations to avoid duplication of efforts and leverage funds.	e			
4. Expand working relationships between education agencies, Strategy 3 NGOs, and PD contractor.				
5. Expand partnerships with health agencies and other organizations.				
6. Actively participate in virtual and in-person training events led by Strategy 3 NGO, professional development contractor, at CDC.	nd			
7. Actively participate in a minimum of two CDC/DASH approved in-person trainings each year.				
8. Maintain a state-level SHAC to support the implementation of program strategies and reassess the process for engaging th SHAC in planning activities throughout the program period and to revise as needed.	е			
9. Implement a systematic process to engage the state-level SHAC in planning program activities.				

Required
Activity
Number

Agency Name:

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.

Success

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

10. Comply with the "Requirements for Contents of Aids-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in CDC Assistance Programs," and submit to a Program Review Panel to review and approve all applicable materials prior to their distribution and use in any activities funded in any part with CDC assistance funds.

Agency Name	e: 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	ribe how CDC could assist you in overcoming any challenges:		

5	Year Goal 3: Increase the implementation of Exemplary Sexual Health Education (ESHE).				
	Required Activities	М	IP	NM	N/A
1.	Develop and disseminate guidance to staff, decision makers, and other stakeholders about ESHE within your jurisdiction and with priority districts.				
2.	Provide TA and PD on state-level guidance to jurisdiction and priority districts and 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 jurisdiction and with priority districts.				
4.	Assist priority districts to establish a written MS/HS curriculum framework that reflects ESHE.				
5.	Assist priority districts to implement the selected MS/HS curriculum framework that reflects ESHE.				
6.	Assist priority districts 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 districts in implementing ESHE.				

KEY: M: Met IP: In Progress NM: Not Met N/A: Not applicable 3 | Page

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

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Agency Name:	Cooperative Agreement Number: PS00XXXX	Grant Year: 3
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Please describe how CDC could assist you in overcoming any challenges:		

Grant Year: 3

ear Goal 4: Increase access to Sexual Health Services (SHS) for all youth.	1	1	1	
Required Activities	М	IP	NM	N/A
Support priority districts to identify youth-friendly community health service providers for delivery of key SHS in priority districts.				
Develop informational materials about available SHS and disseminate to priority districts				
Support priority districts to establish linkages with organizations that have experience in adolescent SHS in priority districts.				
Develop written guidance for developing a referral system to youth-friendly sexual health services.				
Provide PD opportunities, TA, and FUS for teachers, administrators, counselors, nurses, and other appropriate staff in priority districts on the delivery of on-site SHS, and referral to youth-friendly, off-site key SHS.				
Support priority districts to facilitate linking students to health, mental health, and other community services including STD/HIV testing, counseling, and treatment with providers that have experience in serving YDR.				
Assess implementation of SHS-related policies (including laws, codes, and regulations) within your jurisdiction and in priority districts.				
Monitor the implementation of key SHS in priority districts.				
Monitor the implementation of SHS-related policies in priority districts.				
[If applicable] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group with priority districts.				
Maximize funding to increase reimbursement for eligible health services with priority districts.				
Partner with Strategy 3 NGO and other agencies and organizations to leverage resources when working with priority districts to increase their capacity to implement SHS and EBI when appropriate.				

N/A: Not applicable KEY: M: Met IP: In Progress NM: Not Met **5** | Page

Revised: December 24, 2015

PS13-1308 Work Plan Status Report (Project Narrative) Strategy 2: School-Based HIV/STD Prevention Grant Year 3: reporting timeframe August 1, 2015 – January 31, 2016

(State Education Agency Optional template)

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	If Not Met or Not Applicable was checked, please explain why the activity was not met.
Activity	
Number	
	CDC Program Support
Please descr	ibe 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	М	IP	NM	N/A
1.	Support priority districts to facilitate linking students to community-based mentorship and service learning opportunities.				
2.	Provide PD opportunities, TA, and FUS for teachers, administrators, counselors, nurses, and other appropriate staff on activities				
	to promote school connectedness and parent engagement.				
3.	Provide PD opportunities, TA, and FUS for teachers, administrators, counselors, nurses, and other professionals on				
	implementing anti-bullying and anti-sexual harassment policies.				

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

4. [If applic	able] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group.			
5. Assess ir districts.	nplementation of SSE-related policies (including laws, codes, and regulations) within your jurisdiction and in priority			
6. Monitor	the implementation of SSE-related policies in priority districts.			
	with Strategy 3 NGO and other agencies and organizations to leverage resources when working with priority districts to their capacity to implement SSE.			
	Success			•
Required Activity Number	If Met or In Progress was checked, please provide a narrative (including some quantitative and qualitative information steps in your work plan) regarding the completion of the activity.	າ based ເ	on your act	ion
	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:			

KEY: M: Met IP: In Progress NM: Not Met N/A: Not applicable 7 | P a g e

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

	Required Activities	М	IP	NM	N/A
1. Assess st	tate and priority district policies related to required approaches (ESHE, SHS, and SSE).				
2. Track po	licy adoption and monitor policy implementation within jurisdiction and with priority districts.				
3. Develop priority of	and disseminate guidance to support the implementation of science-based policy practices within jurisdiction and with districts.				
4. Deliver t	raining and TA to support the implementation of science-based policy practices related to the program approaches.				
5. Educate health is:	stakeholders, priority district administrators and school board members, on potential policy solutions regarding school sues.				
	n existing strategic partnerships to support policy assessment and implementation monitoring and, if needed, develop tnerships.				
	C				
Required Activity	Success 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 based	d on yo	ur actio	n
-		n based	l on yo	ur actic	on
Activity	If Met or In Progress was checked, please provide a narrative (including some quantitative and qualitative informatio	n based	l on yo	ur actic	on
Activity	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 based	l on yo	ur actic	on
Activity Number Required Activity	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. Challenge	n based	l on yo	ur actic	on
Activity Number Required Activity	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. Challenge	n based	l on yo	ur actio	on

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

Please describe how CDC could assist you in overcoming any challenges:

Cooperative Agreement Number: PS00XXXX

Grant Year: 3

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 **9** | P a g e

Revised: December 24, 2015

Agency Name: