

## **PS13-1308 Work Plan Status Report #2 Template Instructions**

### **Strategy 3: Capacity Building Assistance for School-Based HIV/STD Prevention (Optional Template)**

Funded partners must submit Work Plan Status Report #2 for **the second six months of Year 3 (February 1, 2016 – July 31, 2016)**. The Work Plan Status Report #2 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 July 31, 2016;
- Challenges that hindered completion of the activities in the work plan through July 31, 2016;
- CDC program support to awardees (a description of how CDC could assist you in overcoming any challenges);
- Success Story for this budget period (August 1, 2015 - July 31, 2016) in a separate Word document. See Success Story Development Tool;
- HIV Materials Review Panel (include a detailed list of reviewed items or other areas in which the Panel was involved in program implementation);
- Evaluation results through July 31, 2016.

This sample Work Plan Status Report template is available for use, but is not required. Should you choose not to use this template, you are still required to include all of the elements listed within the template as detailed in the Year 3 Notice of Award letter.

The Work Plan Status Report #2 is sent directly to your Project Officer via email. Nothing is uploaded to [www.grants.gov](http://www.grants.gov). Please name the Work Plan Status Report #2 as follows: "{Strategy} Work Plan Status Report #2 Year 3 {Agency}." Please provide a separate Work Plan Status Report #2 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).

**PS13-1308 Work Plan Status Report #2**  
**Strategy 3: Capacity Building Assistance for School-Based HIV/STD Prevention**  
**Grant Year 3: reporting timeframe February 1, 2016 – July 31, 2016**  
**(Optional template)**

Organization Name:

Cooperative Agreement Number: PS00XXXX

Grant Year: 3

Identify your Level: ☐ SEA ☐ LEA

Identify your Approach: ☐ ESHE ☐ SHS ☐ SSE

5 Year Goal 1: Provide effective CBA to support sustainable initiatives in districts and schools that contribute to reductions in HIV/STD infections among adolescents, and reductions in disparities in HIV/STD infections experienced by specific adolescent sub-populations.			
Required Activities	M	IP	NM
1. Assess internal staff capacity to provide CBA to awarded education agencies.			
2. Identify and disseminate research on approach and policies that have successfully addressed school-based HIV/STD prevention.			
3. Create Web site content, slide shows, or written documents that identify policies and practices that are effective in improving school efforts to implement approach.			
4. Develop materials and resources needed to provide CBA to education agencies on the approach.			
5. Provide CBA to awarded education agencies to implement required approach through professional development (PD), training, technical assistance (TA), follow-up support (FUS) (e.g., mentoring, coaching, site visits), financial or other incentives; tools/resources, policy assessment, and implementation support.			
6. Disseminate modified or existing tools, resources, and materials to support education agencies to implement required approach.			
7. As necessary, revise scope and degree of CBA to education agencies based on program monitoring.			
8. Apply CDC PD Practices in planning and implementing PD, TA, and FUS.			
9. Actively participate in a minimum of two CDC/DASH approved in-person trainings each year.			
10. Comply with the "Requirements for Contents of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention (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.			
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			

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**Cooperative Agreement Number:** PS00XXXX

**Grant Year: 3**

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

<b>5 Year Goal 2: Improve the working relationships with strategic partners to achieve program impact and sustainability within the organization and with funded education agencies.</b>					
<b>Required Activities</b>			<b>M</b>	<b>IP</b>	<b>NM</b>
1. Collaborate with other NGO awarded under Strategy 3 to coordinate activities across education agencies to minimize duplication of efforts.					
2. Educate stakeholders and decision makers about the importance of the required approaches.					
3. Leverage membership/chapter/affiliate resources to provide support for the required activities.					
4. Maximize partnerships with other federally awarded organizations to avoid duplication of efforts and leverage funds.					
5. Expand working relationships between education agencies, national NGOs, and PD Contractor.					
6. Expand partnerships with health agencies and other organizations.					
7. Identify potential options for long-term sustainability of implemented activities with awarded education agencies.					
<b>Success</b>					
<b>Required Activity Number</b>	<b>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.</b>				

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<b>Challenge</b>	
<b>Required Activity Number</b>	<b>If Not Met was checked, please explain why the activity was not met.</b>
<b>CDC Program Support</b>	
Please describe how CDC could assist you in overcoming any challenges:	

5 Year Goal 3: Provide technical assistance to educate Decision Makers on Policy, Implement and Track Policy (Policy) to education agencies for funded approach (ESHE, SHS and SSE).			
Required Activities	M	IP	NM
1. Support education agencies in assessing state policies and priority district policies related to approaches (ESHE, SHS, and SSE).			
2. Support the development of guidance to support the implementation of science-based policy practices.			
3. Deliver training and TA to support the implementation of science-based policy practices related to approaches (ESHE, SHS, and SSE).			
4. Maintain existing strategic partnerships to support policy assessment and implementation monitoring and, if needed, developing new partnerships.			
<b>Success</b>			

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**Grant Year: 3**

<b>Required Activity Number</b>	<b>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.</b>
<b>Challenge</b>	
<b>Required Activity Number</b>	<b>If Not Met was checked, please explain why the activity was not met.</b>
<b>CDC Program Support</b>	
Please describe how CDC could assist you in overcoming any challenges:	

**Success Story for this Funding Period:**

Please submit one written Success Story in a separate Word document. See Success Story template and guidance:

<http://www.cdc.gov/healthyyouth/stories/index.htm>

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**HIV Materials Review Panel Requirements:**

HIV Material Review Panel Chair Summary Sheet. Include a signed and dated statement(s) of the chairperson of the HIV Materials Review Panel specifying the vote for approval or disapproval for each reviewed item that is subject to this guidance.

<http://www.cdc.gov/healthyyouth/fundedpartners/1308/pdf/hivprpform.pdf>

**Evaluation Results through July 31, 2016:**

Please provide a summary of any evaluation activities undertaken during the second six-month of Year 3 in narrative format below. Describe all activities resulting from the evaluation requirement of the FOA.

**Summary of Action Planning with Priority Sites through July 31, 2016:**

Please provide a summary of action planning efforts that were held in conjunction with priority sites during the second six-month period of Year 3 in narrative form below: