

PS13-1308 Performance Measure Report #1 (Project Narrative) Template Guidance

Funded partners must submit a Performance Measure Report (Project Narrative) for **the first six months of Year 1 (August 1, 2013 – January 31, 2014)**. The Performance Measure Report (Project Narrative) must address the following elements of each objective and activity:

- Successes: Indication of the completion status of the goals, objectives, and activities of the Year 1 Work Plan (for example: met, in progress, or not met) through January 31, 2014;
- Challenges that hindered completion of the activities in the work plan through January 31, 2014;
- CDC program support to awardees (a description of how CDC could assist you in overcoming any challenges);
- Performance measures through January 31, 2014, if applicable; and
- Evaluation results through January 31, 2014, if applicable.

This sample Performance Measure 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) guidance.

The Performance Measure 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 1 {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).

Strategy: a broad approach by which a program will be funded to achieve specific outcomes. This FOA funds agencies and organizations to implement four key strategies:

Strategy 1: School-Based Surveillance (SURV)

Strategy 2: School-Based HIV/STD Prevention (SB)

Strategy 3: Capacity Building Assistance for School-Based HIV/STD Prevention (CBA)

Strategy 4: School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men (YMSM)

5-Year Project Period Outcomes: outcome(s) that will result by the end of the FOA period of funding. Please copy the appropriate 5-Year Project Period Outcome from your Year 1 Work Plan into the Performance Measure Report (Project Narrative).

Goal: broad statement(s) of program purpose which describes the expected long-term effects of a program. Please copy the appropriate Goal from your Year 1 Work Plan into the Performance Measure Report (Project Narrative). Please copy and paste the sample table cells as needed for additional Goals.

Objective: statement(s) describing the results to be achieved and the manner in which these results will be achieved. Please copy the appropriate Objective from your Year 1 Work Plan into the Performance Measure Report (Project Narrative). Please copy and paste the sample table cells as needed for additional Objectives.

[Agency] [Strategy] PS13-1308 Performance Measure Report (Project Narrative)

(Optional Template)

5-Year Project Period Outcomes:

Goal 1:				
Objective 1.1:				
Successes: Please check the appropriate box indicating the completion status of the objectives.				
<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded
If Not Met, Modified, or Unfunded was checked, please explain why.				
Challenges: Please describe any challenges that hindered completion of the objectives in the work plan through January 31, 2014.				
CDC Program Support: Please describe how CDC could assist you in overcoming any challenges.				

Goal 1:				
Objective 1.2:				
Successes: Please check the appropriate box indicating the completion status of the objectives.				
<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded

If Not Met, Modified, or Unfunded was checked, please explain why.

Challenges: Please describe any challenges that hindered completion of the objectives in the work plan through January 31, 2014.

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

Goal 1:

Objective 1.3:

Successes: Please check the appropriate box indicating the completion status of the objectives.

<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded
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If Not Met, Modified, or Unfunded was checked, please explain why.

Challenges: Please describe any challenges that hindered completion of the objectives in the work plan through January 31, 2014.

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

Goal 2:				
Objective 2.1:				
Successes: Please check the appropriate box indicating the completion status of the objectives.				
<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded
If Not Met, Modified, or Unfunded was checked, please explain why.				
Challenges: Please describe any challenges that hindered completion of the objectives in the work plan through January 31, 2014.				
CDC Program Support: Please describe how CDC could assist you in overcoming any challenges.				

Goal 2:				
Objective 2.2:				
Successes: Please check the appropriate box indicating the completion status of the objectives.				
<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded
If Not Met, Modified, or Unfunded was checked, please explain why.				

Challenges: Please describe any challenges that hindered completion of the objectives in the work plan through January 31, 2014.

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

Performance Measures through January 31, 2014, if applicable:

Please provide a summary of any performance measures applied during the first six months of your cooperative agreement in narrative format below. If you have no performance measures, please indicate that below with "N/A."

Evaluation Results through January 31, 2014, if applicable:

Please provide a summary of any evaluation results during the first six months of your cooperative agreement in narrative format below. If you have no evaluation results, please indicate that below with "N/A."