

PS13-1308 Performance Measure Report #2 Template Instructions

Funded partners must submit a Performance Measure Report for **the second six months of Year 1 (February 1, 2014 – July 31, 2014)**. The due date is August 31, 2014. The Performance Measure Report 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 July 31, 2014;
- Challenges that hindered completion of the activities in the work plan through July 31, 2014;
- CDC program support to awardees (a description of how CDC could assist you in overcoming any challenges);
- Success Stories for Strategies 2, 3, and 4;
- HIV Materials Review Panel (include a detailed list of reviewed items or other areas in which the Panel was involved in program implementation)
- Performance measures through July 31, 2014, if applicable; and
- Evaluation results through July 31, 2014, if applicable.

This sample Performance Measure Report template is available for your use, but you are not required to use it. Should you chose not to use this template, you are still required to include **all** of the elements listed above.

The Performance Measure Report should be sent directly to your DASH Project Officer. Please provide a separate Performance Measure Report for each Strategy area for which you receive funding.

Strategy: A broad approach by which a program is 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 (YMMSM)

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.

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

Objective: Statement(s) describing the result(s) 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. Please copy and paste the sample table cells as needed for additional Objectives.

[Agency] [Strategy] PS13-1308 Performance Measure Report #2

(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 Met, In Progress, or Modified was checked, please provide a brief narrative about that success. For example: 45 teachers were trained on the new policy and 30 of them implemented the policy in their classrooms.				
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 July 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 Met, In Progress, or Modified was checked, please provide a brief narrative about that success. For example: 45 teachers were trained on the new policy and 30 of them implemented the policy in their classrooms.				
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 July 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
If Met, In Progress, or Modified was checked, please provide a brief narrative about that success. For example: 45 teachers were trained on the new policy and 30 of them implemented the policy in their classrooms.				

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 July 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
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If Met, In Progress, or Modified was checked, please provide a brief narrative about that success. For example: 45 teachers were trained on the new policy and 30 of them implemented the policy in their classrooms.

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 July 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
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If Met, In Progress, or Modified was checked, please provide a brief narrative about that success. For example: 45 teachers were trained on the new policy and 30 of them implemented the policy in their classrooms.

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 July 31, 2014.

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

Success Story for This Funding Period (Strategy 2, 3, and 4 only):

Please submit one written success story for each funded priority area in a separate Word document. A Strategy 1: Surveillance success story is encouraged, but is not required.

HIV Materials Review Panel Requirements (Strategy 2, 3, and 4 only):

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 proposed item that is subject to this guidance.

<http://www.cdc.gov/healthyouth/fundedpartners/1308/resources.htm>

If membership of the Program Review panel has changed, submit a revised CDC form 0.113 listing the current panel member names, occupations, and affiliations. The form must be signed and dated by the Project Director and Authorized Business Official. Download the form at: <http://www.cdc.gov/od/pgo/forms/hivpanel.htm>

Performance Measures through July 31, 2014, if applicable:

Please provide a summary of any performance measures applied during the second six-month period of Year 1 in narrative format below. If you have no performance measures, please indicate “N/A” below.

Evaluation Activities through July 31, 2014, if applicable:

Please provide a summary of any evaluation activities undertaken during the second six-month period of Year 1 in narrative format below. If you have no evaluation activities, please indicate “N/A” below. (Describe all activities resulting from the 10% evaluation requirement).

Summary of Action Planning with Priority Sites through July 31, 2014:

Please provide a summary of action planning efforts that were held in conjunction with priority sites during the second six-month period of Year 1 in narrative format below.