PS13-1308 Performance Achievement and Monitoring Work Plan (part of Continuation Application)
Strategy 3: Capacity Building Assistance for School-Based HIV/STD Prevention

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.

Program Context: *(Insert narrative text here.)*

Required Activities

1. Identify and disseminate research on approach and policies that have successfully addressed school-based HIV/STD prevention.

Date to Complete	Action Steps *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.*	Person Responsible	Proof of Completion	Program Year			
				2	3	4	5
	a.						
	b.						
	c.						

2. Create Web site content, slide shows, or written documents that identify policies and practices that are effective in improving school efforts to implement approach.

Date to Complete	Action Steps *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.*	Person Responsible	Proof of Completion	Program Year			
				2	3	4	5
	a.						
	b.						
	c.						

3. 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.

Date to Complete	Action Steps *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.*	Person Responsible	Proof of Completion	Program Year			
				2	3	4	5
	a.						
	b.						
	c.						

4. Disseminate modified or existing tools, resources, and materials to support education agencies to implement required approach.

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Date to Complete	**Action Steps** *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.*	Person Responsible	Proof of Completion	Program Year			
				2	3	4	5
	a.						
	b.						
	c.						
5. As necessary, revise scope and degree of CBA to education agencies based on program monitoring.							
Date to Complete	**Action Steps** *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.*	**Person Responsible**	**Proof of Completion**	**Program Year**			
				2	**3**	**4**	**5**
	a.						
	b.						
	c.						
6. Apply CDC PD Practices in planning and implementing PD, TA, and FUS.							
Date to Complete	**Action Steps** *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.*	**Person Responsible**	**Proof of Completion**	**Program Year**			
				2	**3**	**4**	**5**
	a.						
	b.						
	c.						
7. Actively participate in a minimum of two CDC/DASH approved in-person trainings each year.							
Date to Complete	**Action Steps** *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.*	**Person Responsible**	**Proof of Completion**	**Program Year**			
				2	**3**	**4**	**5**
	a.						
	b.						
	c.						
8. 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.							
Date to Complete	**Action Steps** *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.*	**Person Responsible**	**Proof of Completion**	**Program Year**			
				2	**3**	**4**	**5**

Organization Name: **Cooperative Agreement Number: PS00XXXX** **Grant Year: 3**

	a.						
	b.						
	c.						

From whom do you need additional TA to implement action steps? ☐ Not Needed ☐ Project Officer ☐ CDC Surveillance Specialist
☐ CDC Content Specialist ☐ CDC Evaluation Specialist ☐ Professional Development Contractor ☐ Evaluation Contractor ☐ Policy ☐ Other:

Describe what specific type of TA is needed to accomplish this work:

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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.

Program Context: *(Insert narrative text here.)*

FOA Required Activities

1. Collaborate with other NGO awarded under Strategy 3 to coordinate activities across education agencies to minimize duplication of efforts.

Date to Complete	Action Steps *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.*	Person Responsible	Proof of Completion	Program Year			
				2	3	4	5
	a.						
	b.						
	c.						

2. Leverage membership/chapter/affiliate resources to provide support for the required activities.

Date to Complete	Action Steps *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.*	Person Responsible	Proof of Completion	Program Year			
				2	3	4	5
	a.						
	b.						
	c.						

3. Maximize partnerships with other federally awarded organizations to avoid duplication of efforts and leverage funds.

Date to Complete	Action Steps *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.*	Person Responsible	Proof of Completion	Program Year			
				2	3	4	5
	a.						
	b.						
	c.						

4. Expand working relationships between education agencies, national NGOs, and PD Contractor.

Date to Complete	Action Steps *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.*	Person Responsible	Proof of Completion	Program Year			
				2	3	4	5

Organization Name: **Cooperative Agreement Number: PS00XXXX** **Grant Year: 3**

	a.						
	b.						
	c.						

5. Expand partnerships with health agencies and other agencies.

Date to Complete	Action Steps *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.*	Person Responsible	Proof of Completion	Program Year			
				2	3	4	5
	a.						
	b.						
	c.						

6. Identify potential options for long-term sustainability of implemented activities with awarded education agencies.

Date to Complete	Action Steps *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.*	Person Responsible	Proof of Completion	Program Year			
				2	3	4	5
	a.						
	b.						
	c.						

From whom do you need additional TA to implement action steps? ☐ Not Needed ☐ Project Officer ☐ CDC surveillance specialist
☐ CDC content specialist ☐ CDC evaluation specialist ☐ Professional Development Contractor ☐ Evaluation Contractor ☐ Policy ☐ Other:

Describe what specific type of TA is needed to accomplish this work:

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Organization Name: **Cooperative Agreement Number: PS00XXXX** **Grant Year: 3**

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).

Program Context: *(Insert narrative text here.)*

FOA Required Activities							
1. Support education agencies in assessing state policies and priority district policies related to approaches (ESHE, SHS, and SSE).							
Completion Date	**Action Steps** *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.*	**Person Responsible**	**Proof of Completion**	**Program Year**			
				2	**3**	**4**	**5**
	a.						
	b.						
	c.						
2. Support education agencies in assessing state policies and priority district policies related to approaches (ESHE, SHS, and SSE).							
Completion Date	**Action Steps** *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.*	**Person Responsible**	**Proof of Completion**	**Program Year**			
				2	**3**	**4**	**5**
	a.						
	b.						
	c.						
3. Deliver training and TA to support the implementation of science-based policy practices related to approaches (ESHE, SHS, and SSE).							
Completion Date	**Action Steps** *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.*	**Person Responsible**	**Proof of Completion**	**Program Year**			
				2	**3**	**4**	**5**
	a.						
	b.						
	c.						
4. Maintain existing strategic partnerships to support policy assessment and implementation monitoring and, if needed, developing new partnerships.							
Completion Date	**Action Steps** *Describe how you will accomplish the required activity, ensuring that action steps are specific,*	**Person Responsible**	**Proof of Completion**	**Program Year**			

Organization Name: **Cooperative Agreement Number: PS00XXXX** **Grant Year: 3**

	measurable, achievable, and realistic.			**2**	**3**	**4**	**5**
	a.						
	b.						
	c.						

From whom do you need additional TA to implement action steps? ☐ Not Needed ☐ Project Officer ☐ CDC surveillance specialist
☐ CDC content specialist ☐ CDC evaluation specialist ☐ Professional Development Contractor ☐ Evaluation Contractor ☐ Policy ☐ Other:

Describe what specific type of TA is needed to accomplish this work: