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 2 (August 1, 2014 – January 31, 2015)**. 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 2 Work Plan (for example: met, in progress, or not met) through January 31, 2015;
- Challenges that hindered completion of the activities in the work plan through January 31, 2015;
- CDC program support to awardees (a description of how CDC could assist you in overcoming any challenges); and
- Evaluation results through January 31, 2015, 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 2 {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)

PS13-1308 Work Plan Status Report (Project Narrative)
Strategy 2: School-Based HIV/STD Prevention
Grant Year 2: reporting timeframe August 1, 2014 – January 31, 2015
(State Education Agency Optional template)

Agency Name: **Cooperative Agreement Number: PS00XXXX** **Grant Year: 2**

5 Year Goal 1: Build the capacity of priority districts to lead district-level initiatives to increase the implementation of exemplary sexual health education, access to sexual health services, and safe and supportive environments.				
Required Activities	**M**	**IP**	**NM**	**N/A**
1. Assess the program progress, capacity, and support of priority districts annually.				
2. Review agreement (MOU/LOC) with each priority district annually to confirm roles and responsibilities to implement required approaches, making adjustments as needed.				
3. Work collaboratively with Strategy 3 NGO to build the SEA capacity to implement ESHE, SHS, and SSE.				
4. Meet with priority districts throughout the project period to provide on-going professional development (PD) and technical assistance (TA) to implement required approaches and support youth at disproportionate risk (YDR) activities.				
5. Work with priority districts to engage the school health advisory council (SHAC) to adopt and implement required approaches and to reassess the process for engaging the SHAC in planning activities throughout the program period (revise as needed).				
6. Apply CDC PD Practices in planning and implementing PD, TA, and follow-up support				

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.**
Example: 4	*Example: 45 teachers in 12 priority districts were trained on the new ESHE policy and 30 of them implemented the new policy in their classrooms.*

Challenge	
Required Activity Number	**If Not Met or Not Applicable was checked, please explain why the activity was not met.**

CDC Program Support

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Agency Name: **Cooperative Agreement Number: PS00XXXX** **Grant Year: 2**

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 assistance to priority districts in an effort to improve the working relationships with strategic partners to achieve program impact and sustainability.				
Required Activities	**M**	**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.				
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, and CDC.				
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 the SHAC in planning activities throughout the program period and to revise as needed.				
9. Implement a systematic process to engage the state-level SHAC in planning program activities.				
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.				

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.**

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Strategy 2: School-Based HIV/STD Prevention
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Agency Name: **Cooperative Agreement Number: PS00XXXX** **Grant Year: 2**

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

5 Year Goal 3: Increase the implementation of Exemplary Sexual Health Education (ESHE).				
Required Activities	**M**	**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.				

8. Identify and adopt requisite teacher competencies and skills to implement ESHE including the use of EBI when appropriate, with priority districts.				
9. Ensure that all teachers responsible for the delivery of sexual health education have the requisite competencies and skills to implement ESHE with priority districts.				
10. Provide PD, TA, and follow-up support (FUS) on the essential competencies and skills to implement ESHE including EBI when appropriate, with priority districts.				
11. [If applicable] Develop and foster the use of a systematic process for identifying, selecting, or adapting, and implementing ESHE curricula and/or EBI with priority districts.				
12. [If applicable] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group with priority districts.				
13. Partner with Strategy 3 NGO and other agencies and organizations to leverage resources when working within priority districts to increase their capacity to implement ESHE and EBI when appropriate.				

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	
Required Activity Number	**If Not Met or Not Applicable was checked, please explain why the activity was not met.**

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

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5 Year Goal 4: Increase access to Sexual Health Services (SHS) for all youth.				
Required Activities	**M**	**IP**	**NM**	**N/A**
1. Support priority districts to identify youth-friendly community health service providers for delivery of key SHS in priority districts.				
2. Develop informational materials about available SHS and disseminate to priority districts..				
3. Support priority districts to establish linkages with organizations that have experience in adolescent SHS in priority districts.				
4. Develop written guidance for developing a referral system to youth-friendly sexual health services.				
5. 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.				
6. 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.				
7. Assess implementation of SHS-related policies (including laws, codes, and regulations)within your jurisdiction and in priority districts.				
8. Monitor the implementation of key SHS in priority districts.				
9. Monitor the implementation of SHS-related policies in priority districts.				
10. [If applicable] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group with priority districts.				
11. Maximize funding to increase reimbursement for eligible health services with priority districts.				
12. 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.				

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.**

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Strategy 2: School-Based HIV/STD Prevention
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(State Education Agency Optional template)

Agency Name: **Cooperative Agreement Number: PS00XXXX** **Grant Year: 2**

Challenge	
Required Activity Number	**If Not Met or Not Applicable was checked, please explain why the activity was not met.**
CDC Program Support	
Please describe 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	**M**	**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.				
4. [If applicable] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group.				
5. Assess implementation of SSE-related policies (including laws, codes, and regulations) within your jurisdiction and in priority districts.				

6. Monitor the implementation of SSE-related policies in priority districts.				
7. Partner with Strategy 3 NGO and other agencies and organizations to leverage resources when working with priority districts to increase 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 based on your action steps in your work plan) regarding the completion of the activity.**

Challenge	
Required Activity Number	**If Not Met or Not Applicable was checked, please explain why the activity was not met.**

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

5 Year Goal 6: Educate decision makers on policy; implement and track policies related to ESHE, SHS and SSE.				
Required Activities	**M**	**IP**	**NM**	**N/A**
1. Assess state and priority district policies related to required approaches (ESHE, SHS, and SSE).				

2. Track policy adoption and monitor policy implementation within jurisdiction and with priority districts.				
3. Develop and disseminate guidance to support the implementation of science-based policy practices within jurisdiction and with priority districts.				
4. Deliver training and TA to support the implementation of science-based policy practices related to the program approaches.				
5. Educate stakeholders, priority district administrators and school board members, on potential policy solutions regarding school health issues.				
6. Maintain existing strategic partnerships to support policy assessment and implementation monitoring and, if needed, develop new partnerships.				

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	
Required Activity Number	**If Not Met or Not Applicable was checked, please explain why the activity was not met.**

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

Agency Name: **Cooperative Agreement Number: PS00XXXX** **Grant Year: 2**

Evaluation Results through January 31, 2015, if applicable:

Please provide a summary of any evaluation activities undertaken during the first six-month of Year 2 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.