
APPENDIX 4:
DESIGN DOCUMENT

Document Version 1.0

Office of Informatics and Information Resource Management (OIIRM) Web Applications Team
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
Centers for Disease Control and Prevention (CDC)

Form: Approved
OMB No.: 0920-XXXX
Exp. Date: xx/xx/xxxx

Management Information System for Comprehensive Cancer Control Programs

Public reporting burden of this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-XXXX)



I. Estimates of Annualized Burden Hours and Costs to Input Data into the MIS

A) Estimated Annualized Burden Hours

65 respondents will provide input into the proposed system. Respondents reside in each of the 50 states, the District of Columbia, 7 tribes/tribal organizations, and 7 territories/U.S. Pacific Island jurisdictions. The annual hour burden is estimated at 780 total hours based on a total of 12 hours per respondent to complete a report twice per year. Table 1 displays the annualized report burden computations.

Table 1

Form name	Number of respondents	Number of responses per respondent	Hours per response	Response burden (in hours)
Progress Report	65	2	6	780

B) Estimated Annualized Cost to Respondents

Table 2 displays estimates of annualized cost to respondents for the hour burdens used to report program progress information. The hourly wage rates for program managers are based on wages for similar mid-to-high level positions in the public sector.

Table 2

Type of respondents	Number of respondents	Frequency of response	Hours per response	Hourly wage*	Total respondent cost
State Program Managers	65	2	6	\$30.65	\$23,907

*Hourly wage information is from the U.S. Department of Labor, Bureau of Labor Statistics Web site (www.bls.gov/home.htm).

II. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

The MIS is designed to use existing hardware within funded sites, and all respondents currently have access to the Internet to use the information system. No capital or maintenance costs are expected. Additionally, there are no start-up, hardware or software costs.

III. Estimates of Annualized Cost to the Federal Government

Development, Implementation, and Maintenance

Major cost factors for the MIS include application design and development costs and system modification costs. Ongoing costs will include system maintenance and training costs. For the purposes of calculating the estimated annualized cost to the government, the MIS project has been divided into two development and implementation phases (Release 1.0 and Release 1.1). Release 1.0 involves development of data entry pages for grantees, user management, and system security. Release 1.1 involves development of data transfer and report-generating functions. Table 3 provides a detailed breakdown of the estimated costs for both releases. The total cost in Table 3 is not an annualized cost. It represents the total cost for development and implementation of the system and is a one-time expenditure. The ongoing maintenance costs and associated project support costs are assumed to be constant for the useful life of the system. However, because this system gathers progress reporting information associated with specific performance measures required as part of 5-year cooperative agreements cycles with states, tribes, and territories, any change to these performance measures in the future may precipitate system modifications. The associated costs for such modifications are undetermined and are not reflected here. However, it is assumed these changes would be minimal and thus easily incorporated into the contractors overall system maintenance contract, a currently established government contract expenditure.

Table 3

Release 1.0	Estimated Cost
Definition & scope	\$7,500
Analysis	\$35,500
Design	\$35,000
Construction	\$171,000
Testing	\$61,000
Deployment	\$13,500
Training	\$2,000
Post-production support	\$8,000
Project management & support	\$71,500
Total	\$405,000
Release 1.1	Estimated Cost
Definition and Scope	\$1,500
Analysis	\$11,000
Design	\$11,500
Construction	\$71,500
Testing	\$27,500
Deployment	\$8,000
Training	\$6,000
Post-production support	\$7,500
Project management & support	\$25,500
Total	\$170,000
TOTAL	\$575,000



MIS DATA COLLECTION INSTRUMENT SCREEN SHOTS

TABLE OF CONTENTS

Information Sections

Program Information: Contact Information.....5

Program Information: Program Summary.....6

Resources: Contract.....7

Resources: Partnership/Coalition.....8

Resources: Coalition attachment.....10

Resources: Personnel.....11

Financial: Cost Share.....12

Financial: In-kind.....12

Planning: Burden Summary.....13

Planning: Burden Assessment.....14

Planning: Standard Data Source.....15

Planning: Other Data Source.....16

Planning: Evaluation Plan.....17

Planning: Action/Work Plan Funding Objectives.....18

Planning: Action/Work Plan Annual Objectives.....19

Planning: Action/Work Plan Objective Progress (Objective Met = Yes).....23

Planning: Action/Work Plan Objective Progress (Objective Met = No).....24

Planning: Action/Work Plan Annual Activities.....25

Planning: Action/Work Plan Products.....26

Program Info: Contact Info

2009-2010 Program Information

* required field

[Edit Contact Information](#)

Updated:02/10/2009

Organization Name: Alaska Department of Health

Grantee Number: 12345

Announcement Number: DP07-703

DUNS Number: 123456

* Telephone: ext.

FAX:

Website Address:

Principal Investigator: Susan Pizzi
(800) 555-1212 ext. 1500
spizzi@alaskaDOH.gov

* Address Line 1:

Address Line 2:

* City, State, ZIP: -

Business/Financial Official: Daniel Marks
(800) 555-1212 ext. 1600
dmarks@alaskaDOH.gov

Program Manager: Martha Beale
(800) 555-1212 ext. 1700
mbeale@alaskaDOH.gov

CDC Grant Specialist: Rosemary Searles
(770) 488-5200
rsearles@cdc.gov

CDC Project Officer: Robert Simmons
(770) 488-5701
rsimmons@cdc.gov

[Home](#) | [Contact Us](#) | [Site Map](#) | [Policies and Regulations](#) | [About this Web site](#) | [All Languages](#) | [A-Z Index](#)

Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A.
800-CDC-INFO (1-800-232-4636), 1-888-232-6348 (TTY), cdcinfo@cdc.gov



Program Info: Program Summary

2009-2010 Program Information

* required field

[Edit Program Summary](#)

Updated:02/10/2009

* Grantee Type:

- State/District of Columbia
- Tribal Nation
- Pacific Island Jurisdiction
- Territory

* Funding Level:

- Planning
- Implementation

Optional Funding Levels:

- Colorectal Cancer
- Ovarian Cancer
- Prostate Cancer
- Skin Cancer

* Program Summary:

ABC

Text goes here...

Characters: 00 / max 5000

Resources: Contract

2009-2010 Resources

* required field

Add Contract

* Status: Proposed/New Active/Continuation Inactive

* Primary Role in Program:

* Organization Name:

* Organization Type:

Other (specify)

Assignment to Work Plan Objectives	Status	Timeline
------------------------------------	--------	----------

No objectives

[Home](#) | [Contact Us](#) | [Site Map](#) | [Policies and Regulations](#) | [About this Web site](#) | [All Languages](#) | [A-Z Index](#)

Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A.
800-CDC-INFO (1-800-232-4636), 1-888-232-6348 (TTY), cdcinfo@cdc.gov



Resources: Partnership/Coalition

2009-2010 Resources

* required field

[Edit Partnership/Coalition](#)

Updated:02/10/2009

* Partnership/Coalition Name:

* Chair Person Name:

* Chair Person Phone: ext.

* Chair Person Email:

* 501c3 Organization: No Yes

501c3 Executive Director Name:

501c3 Executive Director Phone: ext.

501c3 Executive Director Email:

* Member Composition:

Public Health Programs

- Breast and cervical cancer screening
- Central cancer registry
- Physical activity
- Nutrition
- Tobacco control
- Maternal and child health
- State Office of Minority Health
- Local health departments
- (Tribes only) State CCC

Other Government Agencies

- National Cancer Institute
- Cancer Information Service
- State Medicaid agency
- Indian Health Service
- Quality Improvement Organization for Medicare
- Health Resources and Services Administration (HRSA)
- Cooperative Extension Programs

Professional Associations/Organizations

- American Cancer Society
- State/territory medical societies
- Academy of Family Physicians
- American College of Physicians
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American College of Obstetrics and Gynecology
- Nurses associations
- Hospital associations
- American College of Surgeons
- Foundation
- Advocacy groups (other than ACS and the medical groups listed)
- Rural health organizations

Academic/Medical Institutions

- Medical schools
- Schools of public health
- Other academic institutions
- NCI Designated Cancer Centers
- Community cancer centers
- Prevention Research Centers
- Hospice organizations
- For-profit hospitals (that are not Cancer Centers)
- Primary health care facilities
- Clinical community oncology programs
- Individual physicians

Resources: Coalition cont.

- Business/Industry
- Health plans/insurance companies
 - Pharmaceutical companies
 - Other corporations or businesses
- Political Leaders
- Governor or staff
 - Legislators or staff
 - Other political leaders (mayors, city council, judges, etc.)
 - Tribal Leaders
 - Tribal Health administrators
- Community-Based rganizations
- Survivor groups
 - Intercultural Cancer Council
 - Minority comissions
 - Minority organizations
 - Faith-based organizations
 - Individual survivors

* Race, Ethnicity and Geographic Representation:

- Other
- Education/resource centers
 - Media
 - All Tribes in the region
- Racial Populations
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
- Ethnic Populations
- Hispanic or Latino
 - Non-Hispanic or Latino

* Regional Representation:

- Geography
- Urban/inner city
 - Rural
- Number of Regions
- Number of Regions with Member Organization Located in Region

* Number of Organizations in Partnership/Coalition:

* Number of Individuals in Partnership/Coalition:

* Date of Last Satisfaction Assessment:

 (mm/dd/yyyy)

Assignment to Work Plan Objectives	Status	Timeline
Objective Title A	Complete	07/01/2009-10/01/2009
Objective Title B	In process	10/01/2009-12/01/2010
Objective Title C	Planned	11/15/2009-06/30/2010

Resources: Coalition attachment

2009-2010 Resources

* required field

Add Partnership/Coalition Attachment

* Document Title:

* File: File size cannot exceed 10MB

* Date Last Revised: (mm/dd/yyyy)

* Type

- By laws or operating procedures
- Member roster
- Partnership/coalition evaluation results
- Partnership/coalition structure or organization chart

[Home](#) | [Contact Us](#) | [Site Map](#) | [Policies and Regulations](#) | [About this Web site](#) | [All Languages](#) | [A-Z Index](#)

Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A.
800-CDC-INFO (1-800-232-4636), 1-888-232-6348 (TTY), cdcinfo@cdc.gov



Resources: Personnel

2009-2010 Resources

* required field

Add Personnel

* Status: Proposed Active Inactive Vacant

* Primary Role in Program:
Other (specify)

* Name:

* Highest Credentials: Less than high school
 High school diploma/GED
 Associates (AA, AS, AN, Other)
 Bachelors (BA, BS, Other)
 Masters (MA, MS, MPH, MSPH, Other)
 Doctoral (PhD, DrPH, MD, DO, JD, Other)
 None

Certifications/ Professional Licenses

* Telephone: ext.

FAX:

Email:

* Percent of Time Allocated to Program: %

* Employment Type: State, Tribal Nation, Pacific Island Jurisdiction, and District of Columbia Employee
 Contract Employee
 Other (specify)

Assignment to Work Plan Objectives

Status

Timeline

No objectives

Financial: Cost Share

2009-2010 Financial

* required field

Add Cost Sharing

* Source of Funds:
 Other (Specify)

* Organization Type:

* Amount of Funds: \$

* In-Kind: Yes No

* Description:

 Characters: 00

Assignment to Work Plan Objectives	Status	Timeline
No objectives		

Financial: In-Kind

2009-2010 Financial

* required field

Edit In-Kind Contributions

Updated:02/10/2009

* Summary of Contributions:	Meeting/Conference Support	\$ <input type="text" value="6,000"/>
	Monetary support	\$ <input type="text" value="1,000"/>
	Personnel	\$ <input type="text" value="2,000"/>
	Publishing	\$ <input type="text" value="1,000"/>
	Supplies	\$ <input type="text" value="2,000"/>
	Travel	\$ <input type="text" value="1,000"/>
	Other (specify) <input type="text" value="Equipment"/>	\$ <input type="text" value="2,000"/>
	Other (specify) <input type="text" value="Consultation"/>	\$ <input type="text" value="1,000"/>
	Other (specify) <input type="text"/>	\$ <input type="text"/>
	Total Contributions	\$ 16,000

Attach Additional Details : File size cannot exceed 10MB
 Attached: [ContributionDetails.xls](#)

Planning: Burden Summary

2009-2010 Planning

* required field

Edit Disease Burden Summary

Updated:02/10/2009

* Describe Ongoing Monitoring of Cancer Data and Trends and How This Is Applied to Program:

ABC

Text goes here...

Characters: 00

* Describe Ongoing Monitoring of Cancer Research Literature and How This Is Applied to Program:

ABC

Text goes here...

Characters: 00

* Describe Efforts Toward Growing Additional Burden Data:

ABC

Text goes here...

Characters: 00

Save Cancel

Planning: Burden Assessment

2009-2010 Planning

* required field

Add Disease Burden Assessment

* Assessment Name:

* Assessment Type:
 Periodic Assessment
 Annual Assessment
 Assessment for CCC Plan

* Most Recent Assessment Date: (mm/yyyy)

* Primary Organizations Involved in Assessment:
1.
2.
3.
4.
5.

* How Assessment Data is Used by Program:

Characters: 00

[Home](#) | [Contact Us](#) | [Site Map](#) | [Policies and Regulations](#) | [About this Web site](#) | [All Languages](#) | [A-Z Index](#)

Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A.
800-CDC-INFO (1-800-232-4636), 1-888-232-6348 (TTY), cdcinfo@cdc.gov



Planning: Standard Data Source

2009-2010 Planning

* required field

Edit Standard Data Sources

Updated:02/10/2009

	Most Recent Data Set Year
* Standard Data Sources:	
<input type="checkbox"/> American Cancer Society Facts and Figures	<input type="text"/>
<input type="checkbox"/> Behavioral Risk Factor Surveillance System (BRFSS)	<input type="text"/>
<input type="checkbox"/> Centers for Medicare and Medicaid Services (CMS)	<input type="text"/>
<input type="checkbox"/> Health Plan Employer Data and Information Set (HEDIS)	<input type="text"/>
<input type="checkbox"/> Indian Health Service	<input type="text"/>
<input type="checkbox"/> Kaiser Foundation	<input type="text"/>
<input type="checkbox"/> National Cancer Data Base (NCDB)	<input type="text"/>
<input type="checkbox"/> National Health and Nutrition Examination Survey (NHANES)	<input type="text"/>
<input checked="" type="checkbox"/> National Immunization Survey (NIS)	<input type="text" value="2008"/>
<input checked="" type="checkbox"/> National Program of Cancer Registries	<input type="text" value="2005"/>
<input checked="" type="checkbox"/> National Youth Tobacco Survey (NYTS)	<input type="text" value="2008"/>
<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System (PRAMS)	<input type="text"/>
<input type="checkbox"/> REACH Risk Factor Surveillance System	<input type="text"/>
<input type="checkbox"/> School Health Education Profile	<input type="text"/>
<input type="checkbox"/> Surveillance Epidemiology and End Results (SEER) Program	<input type="text"/>
<input type="checkbox"/> U.S.Census	<input type="text"/>
<input type="checkbox"/> Vital statistics	<input type="text"/>
<input type="checkbox"/> Woman, Infants, and Children (WIC)	<input type="text"/>
<input type="checkbox"/> Youth Risk Behavior Surveillance System (YRBSS)	<input type="text"/>
<input type="checkbox"/> Other (specify):	<input type="text"/>
<input type="text"/>	

Assignment to Work Plan Activities	Status	Timeline
Activity Title A	Complete	07/01/2009-10/01/2009
Activity Title B	In process	10/01/2009-12/01/2010
Activity Title C	Planned	11/15/2009-06/30/2010

Planning: Other Data Source

2009-2010 Planning

* required field

Add Other Data Source

* Data Source Name:

* Population Sampled:

Characters: 00

* Collection Method:

Characters: 00

* Collection Frequency:

* Most Recent Year Collected: (YYYY)

[Home](#) | [Contact Us](#) | [Site Map](#) | [Policies and Regulations](#) | [About this Web site](#) | [All Languages](#) | [A-Z Index](#)

Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A.
800-CDC-INFO (1-800-232-4636), 1-888-232-6348 (TTY), cdcinfo@cdc.gov



Planning: Evaluation Plan

2009-2010 Planning

* required field

[Edit Evaluation Plan](#)

* Formal Written Evaluation Plan Exists: Yes No

Descriptions Included in Evaluation Plan:

Stakeholder involvement Yes No
Data collection and analysis methods Yes No
How goals/objectives link to outcomes Yes No
Potential effects of selected activities Yes No
Plans for communication and utilization of findings Yes No

Upload Evaluation Plan:

File size cannot exceed 10MB

[Home](#) | [Contact Us](#) | [Site Map](#) | [Policies and Regulations](#) | [About this Web site](#) | [All Languages](#) | [A-Z Index](#)

Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A.
800-CDC-INFO (1-800-232-4636), 1-888-232-6348 (TTY), cdcinfo@cdc.gov



Planning: Action/Work Plan

Funding Cycle Objectives:

Action Plan

Add Funding Cycle Objective

* Title:

* Description:

↑
↓

Characters: 00 / Max 2000

* Programs Involved: (DCPC)
 Comprehensive Cancer Control

* Related Program Goal: (DCPC)
 Reduce burden of cancer

* Measurement:

Direction of Change	Unit of Measurement	Indicator	Baseline	Target	Data Source
Select ▼	Select ▼	<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Select ▼
<input type="checkbox"/> Unknown					

* Describe Problem Being Addressed and How This Objective Will Impact the Problem:

↑
↓

Characters: 00 / Max 2000

Time Frame: -



Describe why the target has been updated, status deferred or cancelled, start date delayed, or end date extended:

↑
↓

Characters: 00 / Max 2000

[Home](#) | [Contact Us](#) | [Site Map](#) | [Policies and Regulations](#) | [About this Web site](#) | [All Languages](#) | [A-Z Index](#)

Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A.
 800-CDC-INFO (1-800-232-4636), 1-888-232-6348 (TTY), cdcinfo@cdc.gov

Planning: Action/Work Plan

Annual Objectives:

Action Plan

* required field

Add Annual Objective

Specific

* Title:

* Description:

ABC

Characters: 00

* Programs Involved: (DCPC)
 Comprehensive Cancer Control

* Related Funding Cycle Objective:

* Related Recipient Activity:
 1 - Build strong partnerships
 2 - Assess the burden of cancer
 3 - Mobilize support for comprehensive cancer control
 4 - Develop and implement a plan that has broad support
 5 - Implement the plan
 6 - Conduct evaluation of the plan
 7 - Effect policy change
 8 - Monitor changes in policy based measures

* Health Priority Area:
 All cancers
 Breast
 Cervical
 Childhood cancer
 Colorectal
 Lung
 Ovarian
 Prostate
 Skin
 Other (Specify):

Planning: Action/Work Plan

Annual Objectives (continued)

Measurable and Achievable				
* Measurement:	Direction of Change	Unit of Measurement	What Will Be Measured	Baseline
	Select <input type="button" value="v"/>	Select <input type="button" value="v"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> Unknown
* Annual Outcome:	Target <input type="text"/>	Data Source	Select <input type="button" value="v"/>	
Relevant				
* Cancer Continuum: (CCC)	<input checked="" type="checkbox"/> Prevention (Specify) <ul style="list-style-type: none"> <input type="checkbox"/> Alcohol <input type="checkbox"/> Diet / nutrition <input type="checkbox"/> Obesity <input type="checkbox"/> Physical Activity <input type="checkbox"/> Sun protection <input type="checkbox"/> Tobacco <input type="checkbox"/> Other (specify) <input type="text"/> 			
	<input type="checkbox"/> Early Detection <input type="checkbox"/> Diagnosis <input type="checkbox"/> Treatment <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Survivorship <input type="checkbox"/> Palliation / end of life care			
* Level of Change: (CCC)	<input checked="" type="checkbox"/> Individual/population <input type="checkbox"/> Organization <input type="checkbox"/> Environment <input type="checkbox"/> Other (specify) <input type="text"/>			
* Type of change: (CCC)	<input checked="" type="checkbox"/> Awareness <input type="checkbox"/> Knowledge <input type="checkbox"/> Attitude <input type="checkbox"/> Behavior/practice <input type="checkbox"/> Policy <input type="checkbox"/> Other (specify) <input type="text"/>			

Planning: Action/Work Plan

Annual Objectives (continued)

* Setting: (CCC)	<input type="checkbox"/> Community <input type="checkbox"/> Healthcare <input type="checkbox"/> School <input type="checkbox"/> Worksite <input type="checkbox"/> Other (specify) <input type="text"/>
* Cross-cutting issues: (CCC)	<input type="checkbox"/> Clinical trials <input type="checkbox"/> Health disparities/social determinants <input type="checkbox"/> Access to care <input type="checkbox"/> Quality of care <input type="checkbox"/> Epidemiology/Surveillance <input type="checkbox"/> Other (specify) <input type="text"/>
* Objective Focus:	<input type="radio"/> General Population <input type="radio"/> Specific Population
	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender
	Sexual Identity <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian
	Race <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
	Age <input type="checkbox"/> 0-3 Years <input type="checkbox"/> 4-11 Years <input type="checkbox"/> 12-17 Years

Planning: Action/Work Plan

Annual Objectives (continued)

<input type="checkbox"/>	18-19 Years
<input type="checkbox"/>	20-24 Years
<input type="checkbox"/>	25-49 Years
<input type="checkbox"/>	50-64 Years
<input type="checkbox"/>	65 Years & Older
Geography	
<input type="checkbox"/>	Rural
<input type="checkbox"/>	Urban
Other Population Information	<input type="text"/>



Time Bound

* Estimated Start: / (MM/YYYY)

* Estimated End: / (MM/YYYY)

[Home](#) | [Contact Us](#) | [Site Map](#) | [Policies and Regulations](#) | [About this Web site](#) | [All Languages](#) | [A-Z Index](#)

Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A.
800-CDC-INFO (1-800-232-4636), 1-888-232-6348 (TTY), cdcinfo@cdc.gov



Planning: Action/Work Plan

Objective Progress (Objective Met = Yes):

Action Plan

Add Funding Cycle Objective Progress

Related Funding Cycle Objective: By 03/2013, increase number of....

* Progress Period:

* Describe Progress:

Characters: 00

* Target Met: Yes No Currently Ongoing

* Actual Measurement Achieved:

* Facilitating Factors of Success:

Characters: 00

Additional Benefits:

Characters: 00

Planning: Action/Work Plan

Objective Progress (Objective Met = No/Ongoing):

Action Plan

Add Funding Cycle Objective Progress

Related Funding Cycle Objective: By 03/2013, increase number of....

* Progress Period:

* Describe Progress:

Characters: 00

* Target Met: Yes No Currently Ongoing

* Current Measurement: Unknown at this time

* Barriers/Issues Encountered:

Characters: 00

* Plans to Overcome Barriers/Issues Encountered:

Characters: 00

Planning: Action/Work Plan

Annual Activities:

Action Plan

Add Annual Activity

Related Annual Objective: By 12/2012, increase.....

* Activity Title:

* Activity Description:
Characters: 00

* Lead Personnel Assigned:

Other Personnel Assigned:

- Personnel Name A
- Personnel Name B
- Personnel Name C
- Personnel Name D
- Personnel Name E

Partners Assigned:


- Partner Name A
- Partner Name B
- Partner Name C
- Partner Name D
- Partner Name E

* Estimated Start: / (MM/YYYY)

* Estimated End: / (MM/YYYY)

[Home](#) | [Contact Us](#) | [Site Map](#) | [Policies and Regulations](#) | [About this Web site](#) | [All Languages](#) | [A-Z Index](#)

Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A.
800-CDC-INFO (1-800-232-4636), 1-888-232-6348 (TTY), cdcinfo@cdc.gov



Planning: Action/Work Plan

Products:

Action Plan

Add Product

Related Annual Objective: By 12/2012, increase.....

* Product Title:

* Product Description:
Characters: 00

* Product Type:

Attachment: File size cannot exceed 10MB