

Form Approved  
OMB No. 0990-NEW  
Exp. Date 06/30/2010

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average 1 hour, 30 minutes to complete, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

## ***ONC Community College Consortium Operations Plan***

This operations plan template is a guide for each Community College Consortium (CCC) and member Co describe their plan for contributing to the Program's shared goal of training 10,000 graduates per year ov Please click on Instructions for abbreviated instructions on using this Operations Plan tool. Please see th "Guidelines for CCC Operations Planning" for detailed instructions and guidance on completing this plan.

### ***Version history***

| <b>CCC/CC Update Version</b> | <b>CCC/CC Point of contact</b> | <b>CCC/CC approval date</b> |
|------------------------------|--------------------------------|-----------------------------|
| 1.00                         | Sally Smith                    | 2/25/2010                   |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |
|                              |                                |                             |

*e.g., XXXXXX*

*name of primary author*

*e.g., mm/dd/yy*

Community Colleges (CC) to  
over time.  
The accompanying

| ONC approval date | ONC approver         |
|-------------------|----------------------|
| 2/28/2010         | John Project Officer |
|                   |                      |
|                   |                      |
|                   |                      |
|                   |                      |
|                   |                      |
|                   |                      |
|                   |                      |
|                   |                      |
|                   |                      |
|                   |                      |
|                   |                      |
|                   |                      |

*e.g., mm/dd/yy*

*name of ONC approver*

## **ONC Regional Extensio**

Please see the "REC Operations

**General instructions**

**Contacts**

**Mission & vision**

**Service area**

**Student enrollment**

**CCC Milestones**

***Org chart***

***Staff***

***Sub-recipients***

***Stakeholders***

***Key activities***

***Gantt chart***

***Risk mitigation***

## **in Center Operations Plan -- Description and Abbreviated Instructions**

*Planning Guidelines" for more detailed information on the Operational Plan*

The Operations Plan is the principle planning document for the CCC. Like a business plan, it describes the goals & objectives of the CCC and how the CCC proposes to achieve these goals &

This Operations Plan template is provided to each REC as an aid to creating a realistic plan for meeting the REC's goals, and to standardize basic data collection and terminology to allow tracking and information-sharing across RECs.

This template is designed to capture structured data consistently across the entire CCC program. Please do not alter the templates outside of the data input fields shaded in orange, as indicated in the legend to the left.

In addition to the brief instructions provided here, more detailed guidance can be found in the "CCC Operational Planning Guideline" document.

Please enter contact information for the CCC and its Sub-Recipients as appropriate. (Note: Sub-recipients are those organizations or contractors that will receive Federal money for performing CCC activities.) This will be the main input to ONC's CCC contact list so please keep it updated as often as necessary.

The Mission Statement and Vision Statements are vital for setting the course of the CCC over the next two years. The Mission & Vision section is designed to capture the CCCs high-level statement about who it serves, what it would like to accomplish, why its services are valuable, and ultimately how the CCC's activities will train the requisite number of HIT professionals. Ideally, the mission and vision should define the CCCs ambitions in a way that is meaningful to the CCCs member Community Colleges and stakeholders.

Key questions that the mission statement should address are:

- Who will the CCC serve?
- What does the CCC want to accomplish?
- What value will the CCC provide and why is it well-positioned to accomplish its objectives?

Key question that the vision statement should address are:

- The training capacity that the consortium will achieve after two years
- Percent of students that are employed in Health Information Technology

Geographic service area defines the state/territory, counties, and zip codes in which the REC will operate. For multi-state RECs, please enter state, county, and zip codes for each state separately in the columns provided. County and zip code information may be pasted into the worksheet from sources such as [www.downloadzipcode.com](http://www.downloadzipcode.com) or the US Postal Service.

The consortium as a whole will provide training in all the ONC defined six workforce roles. Number of students enrolled in each of the six workforce roles? What are the professionals backgrounds of the students?

main milestones identified in the FOA, which are:

Enrollment

- Milestone 1: Number of students enrolled in the programs supported by this initiative
- Milestone 2: Number of students graduating from programs supported by this initiative

Workforce Training Roles

- Milestone 3: Training in how many of the six workforce roles are being provided

Employment and Earnings

- Milestone 4: Employment rate – percent of students employed in first quarter after exit from the program
- Milestone 5: Employment retention rate – percent of students employed in first quarter after exit from the program and still employed in the second and third quarters
- Milestone 6: Average earnings

Please enter the number of new students that you expect to enroll in a given milestone in a given session. For example, if 50 students are expected to enroll in September 2010, record “50” for Milestone 1 (M1) for September, 2010. If an additional 25 students are expected to enroll in January

The Org chart tab highlights the CCC's relationships with its stakeholders and sub-recipients.

Recognizing that each CCC will have its own job titles for categories, and that individuals may perform more than one function, the Staff tab provides a grid to map CCC personnel to the key CCC functions. As these named individuals will be responsible for participating in National Coordination committee meetings, collaborative learning activities, please provide the names of the individuals who are actually in charge of the function. Please note any positions that have been newly created so these may be reported to meet ARRA reporting requirements. Listed below are definitions of the core functional roles that the CCC is responsible for performing.

Sub-recipients are organizations who will receive federal funds through the Community College Consortium lead awardee. Please fill out all of the information requested.

Each CCC will have a wide variety of stakeholders with whom it will have formal as well as informal relationships that taken together will form the CCCs approach to achieving its objectives. Identifying stakeholder roles, responsibilities, and expectations are critical inputs to the development of a meaningful Operations Plan. Making this information available to ONC and other CCCs will greatly facilitate the development of learning communities and channels for knowledge-sharing across CCCs. The CCC should list all partnerships including partners, contractors and stakeholders with contact information.

To accomplish the goals and objectives of the program each CCC will need to engage in the following activities: 1) Outreach plan for recruiting students and finding employment and placement for the graduates of the program. This would include developing program publicity plan and materials, developing a program Web site 2) Consortia Committee Participation Coordination - Creating a regional partnership of entities that are interested in workforce development. 3) Educational Materials/ Curriculum – design the program in sufficient detail to get the program approved. 4) Dissemination of nationally developed curriculum material. In cases where the nationally developed curriculum developed material is not used, the material should be reviewed to ensure the course materials meet the standards of the centrally developed curriculum. 4) Admission Process – establish admissions criteria and other policies; develop application forms and other materials. 5) Progress reporting and program evaluation – forms and procedures for course evaluation, forms and procedures for overall program evaluation.



The Gantt chart is simply a timeline of the Key activities defined above. The template is designed to provide a simple depiction of the activities and high-level timelines associated with each function. Please enter a "1" into the chart cells to change the color and illustrate the activity timeline. (Note: the months are calculated based on the project start date in the Baseline section)

The HIT programs in the Community Colleges will be new six month programs. The plan should identify barriers and challenges to achieving the goals, objectives and outcomes (outlined on page 14 of the program announcement). It is important that potential risks are identified and that risk mitigation steps are put in place early in the implementation of the HIT programs. This will ensure that CCC managers will be aware of potential risks, will monitor the programs for these risks, and will be prepared to respond rapidly. Risks and mitigation steps may also be shared with other CCCs so all may benefit. This section should also include ALL grant restrictions specified in the CCC's Notice of Grant Award.

**Primary contact information - (Lead Institution)**

|   |  |
|---|--|
| <b>Lead Institution information</b>         |  |
| Organization name                           |  |
| Street address                              |  |
| City  |  |
| State                                       |  |
| Zip code                                    |  |
| Website                                     |  |
| DUNS number                                 |  |
|   |  |
| <b>Primary contacts at Lead Institution</b> |  |
| CCC primary contact name                    |  |
| telephone number                            |  |
| email address                               |  |
|   |  |
| CCC secondary contact name                  |  |
| telephone number                            |  |
| email address                               |  |
|   |  |
| ONC GMO name                                |  |
| telephone number                            |  |
| email address                               |  |
|   |  |
| ONC PO name                                 |  |
| telephone number                            |  |
| email address                               |  |

**Additional contact information - (CCC Sub-Recipient Office)**

|                                      |  |
|--------------------------------------|--|
| <b>Sub-Recipient information</b>     |  |
| Organization name                    |  |
| Street address                       |  |
| City                                 |  |
| State                                |  |
| Zip code                             |  |
| Website                              |  |
| DUNS number                          |  |
| <b>Primary contacts</b>              |  |
| Sub-Recipient primary contact name   |  |
| telephone number                     |  |
| email address                        |  |
|                                      |  |
| Sub-Recipient secondary contact name |  |
| telephone number                     |  |

|               |  |
|---------------|--|
| email address |  |
|---------------|--|

**Additional contact information - (CCC Sub-Recipient Office)**

|                                      |  |
|--------------------------------------|--|
| <b>Sub-Recipient information</b>     |  |
| Organization name                    |  |
| Street address                       |  |
| City                                 |  |
| State                                |  |
| Zip code                             |  |
| Website                              |  |
| DUNS number                          |  |
| <b>Primary contacts</b>              |  |
| Sub-Recipient primary contact name   |  |
| telephone number                     |  |
| email address                        |  |
|                                      |  |
| Sub-Recipient secondary contact name |  |
| telephone number                     |  |
| email address                        |  |

**Additional contact information - (CCC Sub-Recipient Office)**

|                                      |  |
|--------------------------------------|--|
| <b>Sub-Recipient information</b>     |  |
| Organization name                    |  |
| Street address                       |  |
| City                                 |  |
| State                                |  |
| Zip code                             |  |
| Website                              |  |
| DUNS number                          |  |
| <b>Primary contacts</b>              |  |
| Sub-Recipient primary contact name   |  |
| telephone number                     |  |
| email address                        |  |
|                                      |  |
| Sub-Recipient secondary contact name |  |
| telephone number                     |  |
| email address                        |  |

**Additional contact information - (CCC Sub-Recipient Office)**

|                                  |  |
|----------------------------------|--|
| <b>Sub-Recipient information</b> |  |
| Organization name                |  |
| Street address                   |  |
| City                             |  |

|                                      |  |
|--------------------------------------|--|
| State                                |  |
| Zip code                             |  |
| Website                              |  |
| DUNS number                          |  |
| <b>Primary contacts</b>              |  |
| Sub-Recipient primary contact name   |  |
| telephone number                     |  |
| email address                        |  |
|                                      |  |
| Sub-Recipient secondary contact name |  |
| telephone number                     |  |
| email address                        |  |

**Additional contact information - (CCC Sub-Recipient Office)**

|                                      |  |
|--------------------------------------|--|
| <b>Sub-Recipient information</b>     |  |
| Organization name                    |  |
| Street address                       |  |
| City                                 |  |
| State                                |  |
| Zip code                             |  |
| Website                              |  |
| DUNS number                          |  |
| <b>Primary contacts</b>              |  |
| Sub-Recipient primary contact name   |  |
| telephone number                     |  |
| email address                        |  |
|                                      |  |
| Sub-Recipient secondary contact name |  |
| telephone number                     |  |
| email address                        |  |

**Additional contact information - (CCC Sub-Recipient Office)**

|                                    |  |
|------------------------------------|--|
| <b>Sub-Recipient information</b>   |  |
| Organization name                  |  |
| Street address                     |  |
| City                               |  |
| State                              |  |
| Zip code                           |  |
| Website                            |  |
| DUNS number                        |  |
| <b>Primary contacts</b>            |  |
| Sub-Recipient primary contact name |  |
| telephone number                   |  |

|                                      |  |
|--------------------------------------|--|
| email address                        |  |
|                                      |  |
| Sub-Recipient secondary contact name |  |
| telephone number                     |  |
| email address                        |  |

**Additional contact information - (CCC Sub-Recipient Office)**

|                                      |  |
|--------------------------------------|--|
| <b>Sub-Recipient information</b>     |  |
| Organization name                    |  |
| Street address                       |  |
| City                                 |  |
| State                                |  |
| Zip code                             |  |
| Website                              |  |
| DUNS number                          |  |
| <b>Primary contacts</b>              |  |
| Sub-Recipient primary contact name   |  |
| telephone number                     |  |
| email address                        |  |
|                                      |  |
| Sub-Recipient secondary contact name |  |
| telephone number                     |  |
| email address                        |  |

**Additional contact information - (CCC Sub-Recipient Office)**

|                                      |  |
|--------------------------------------|--|
| <b>Sub-Recipient information</b>     |  |
| Organization name                    |  |
| Street address                       |  |
| City                                 |  |
| State                                |  |
| Zip code                             |  |
| Website                              |  |
| DUNS number                          |  |
| <b>Primary contacts</b>              |  |
| Sub-Recipient primary contact name   |  |
| telephone number                     |  |
| email address                        |  |
|                                      |  |
| Sub-Recipient secondary contact name |  |
| telephone number                     |  |
| email address                        |  |

**Additional contact information - (CCC Sub-Recipient Office)**

|                                      |  |
|--------------------------------------|--|
| <b>Sub-Recipient information</b>     |  |
| Organization name                    |  |
| Street address                       |  |
| City                                 |  |
| State                                |  |
| Zip code                             |  |
| Website                              |  |
| DUNS number                          |  |
| <b>Primary contacts</b>              |  |
| Sub-Recipient primary contact name   |  |
| telephone number                     |  |
| email address                        |  |
|                                      |  |
| Sub-Recipient secondary contact name |  |
| telephone number                     |  |
| email address                        |  |

***Additional contact information - (CCC Sub-Recipient Office)***

|                                      |  |
|--------------------------------------|--|
| <b>Sub-Recipient information</b>     |  |
| Organization name                    |  |
| Street address                       |  |
| City                                 |  |
| State                                |  |
| Zip code                             |  |
| Website                              |  |
| DUNS number                          |  |
| <b>Primary contacts</b>              |  |
| Sub-Recipient primary contact name   |  |
| telephone number                     |  |
| email address                        |  |
|                                      |  |
| Sub-Recipient secondary contact name |  |
| telephone number                     |  |
| email address                        |  |

***Additional contact information - (CCC Sub-Recipient Office)***

|                                  |  |
|----------------------------------|--|
| <b>Sub-Recipient information</b> |  |
| Organization name                |  |
| Street address                   |  |
| City                             |  |
| State                            |  |
| Zip code                         |  |
| Website                          |  |

|                                      |  |
|--------------------------------------|--|
| DUNS number                          |  |
| <b>Primary contacts</b>              |  |
| Sub-Recipient primary contact name   |  |
| telephone number                     |  |
| email address                        |  |
|                                      |  |
| Sub-Recipient secondary contact name |  |
| telephone number                     |  |
| email address                        |  |

***Additional contact information - (CCC Sub-Recipient Office)***

|                                      |  |
|--------------------------------------|--|
| <b>Sub-Recipient information</b>     |  |
| Organization name                    |  |
| Street address                       |  |
| City                                 |  |
| State                                |  |
| Zip code                             |  |
| Website                              |  |
| DUNS number                          |  |
| <b>Primary contacts</b>              |  |
| Sub-Recipient primary contact name   |  |
| telephone number                     |  |
| email address                        |  |
|                                      |  |
| Sub-Recipient secondary contact name |  |
| telephone number                     |  |
| email address                        |  |

enter name  
e.g., 12 Main Street  
e.g., Springfield  
pick from drop-down list  
e.g., 01234-0000  
e.g., www.myrecrename.org  
9 digit Dun and Bradstreet Data Universal Numbering System number

enter first and last name  
enter 10 digit phone number  
e.g., myname@myrecrename.org

enter first and last name  
enter 10 digit phone number  
e.g., myname@myrecrename.org

enter first and last name of ONC Grant Management Officer  
enter 10 digit phone number  
e.g., name@hhs.gov

enter first and last name of ONC Project Officer  
enter 10 digit phone number  
e.g., name@hhs.gov

enter name  
e.g., 12 Main Street  
e.g., Springfield  
pick from drop-down list  
e.g., 01234-0000  
e.g., www.organization.org  
9 digit Dun and Bradstreet Data Universal Numbering System number

enter first and last name  
enter 10 digit phone number  
e.g., myname@organization.org

enter first and last name  
enter 10 digit phone number



e.g., myname@organization.org

enter name

e.g., 12 Main Street

e.g., Springfield

pick from drop-down list

e.g., 01234-0000

e.g., www.organization.org

9 digit Dun and Bradstreet Data Universal Numbering System number

enter first and last name

enter 10 digit phone number

e.g., myname@organization.org

enter first and last name

enter 10 digit phone number

e.g., myname@organization.org

enter name

e.g., 12 Main Street

e.g., Springfield

pick from drop-down list

e.g., 01234-0000

e.g., www.organization.org

9 digit Dun and Bradstreet Data Universal Numbering System number

enter first and last name

enter 10 digit phone number

e.g., myname@organization.org

enter first and last name

enter 10 digit phone number

e.g., myname@organization.org

enter name

e.g., 12 Main Street

e.g., Springfield

pick from drop-down list  
e.g., 01234-0000  
e.g., www.organization.org  
9 digit Dun and Bradstreet Data Universal Numbering System number

enter first and last name  
enter 10 digit phone number  
e.g., myname@organization.org

enter first and last name  
enter 10 digit phone number  
e.g., myname@organization.org

enter name  
e.g., 12 Main Street  
e.g., Springfield  
pick from drop-down list  
e.g., 01234-0000  
e.g., www.organization.org  
9 digit Dun and Bradstreet Data Universal Numbering System number

enter first and last name  
enter 10 digit phone number  
e.g., myname@organization.org

enter first and last name  
enter 10 digit phone number  
e.g., myname@organization.org

enter name  
e.g., 12 Main Street  
e.g., Springfield  
pick from drop-down list  
e.g., 01234-0000  
e.g., www.organization.org  
9 digit Dun and Bradstreet Data Universal Numbering System number

enter first and last name  
enter 10 digit phone number

e.g., myname@organization.org

enter first and last name

enter 10 digit phone number

e.g., myname@organization.org

enter name

e.g., 12 Main Street

e.g., Springfield

pick from drop-down list

e.g., 01234-0000

e.g., www.organization.org

9 digit Dun and Bradstreet Data Universal Numbering System number

enter first and last name

enter 10 digit phone number

e.g., myname@organization.org

enter first and last name

enter 10 digit phone number

e.g., myname@organization.org

enter name

e.g., 12 Main Street

e.g., Springfield

pick from drop-down list

e.g., 01234-0000

e.g., www.organization.org

9 digit Dun and Bradstreet Data Universal Numbering System number

enter first and last name

enter 10 digit phone number

e.g., myname@organization.org

enter first and last name

enter 10 digit phone number

e.g., myname@organization.org

enter name  
e.g., 12 Main Street  
e.g., Springfield  
pick from drop-down list  
e.g., 01234-0000  
e.g., www.organization.org  
9 digit Dun and Bradstreet Data Universal Numbering System number

enter first and last name  
enter 10 digit phone number  
e.g., myname@organization.org

enter first and last name  
enter 10 digit phone number  
e.g., myname@organization.org

enter name  
e.g., 12 Main Street  
e.g., Springfield  
pick from drop-down list  
e.g., 01234-0000  
e.g., www.organization.org  
9 digit Dun and Bradstreet Data Universal Numbering System number

enter first and last name  
enter 10 digit phone number  
e.g., myname@organization.org

enter first and last name  
enter 10 digit phone number  
e.g., myname@organization.org

enter name  
e.g., 12 Main Street  
e.g., Springfield  
pick from drop-down list  
e.g., 01234-0000  
e.g., www.organization.org

9 digit Dun and Bradstreet Data Universal Numbering System number

enter first and last name

enter 10 digit phone number

e.g., myname@organization.org

enter first and last name

enter 10 digit phone number

e.g., myname@organization.org

enter name

e.g., 12 Main Street

e.g., Springfield

pick from drop-down list

e.g., 01234-0000

e.g., www.organization.org

9 digit Dun and Bradstreet Data Universal Numbering System number

enter first and last name

enter 10 digit phone number

e.g., myname@organization.org

enter first and last name

enter 10 digit phone number

e.g., myname@organization.org

### **Mission statement for the CCC Program**

*Double-click on box to type directly into it; use alt-enter to start new paragraph*

Example: The Mission of CCC is to train a skilled workforce to support the adoption of EHRs, exchange health information among health care providers and public health authorities, and the redesign of workflows within health care settings to gain the quality and efficiency benefits of EHRs, while maintaining individual privacy and security.

### **Vision statement for the REC program**

*Double-click on box to type directly into it; use alt-enter to start new paragraph*

Example: Our vision for 2012 is 10,000 students trained in HIT to facilitate a transformed health system through the use of health information technology (HIT).













|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|                              |
|------------------------------|
| <b>State or territory #1</b> |
| <b>South Dakota</b>          |

|                              |
|------------------------------|
| <b>Zip Codes Represented</b> |
|------------------------------|

- 57001
- 57002
- 57003
- 57004
- 57005
- 57006
- 57007
- 57010
- 57012
- 57013
- 57014
- 57015
- 57016
- 57017
- 57018
- 57020
- 57021
- 57022
- 57024
- 57025
- 57026
- 57027

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|                              |
|------------------------------|
| <b>State or territory #2</b> |
|------------------------------|

|                              |
|------------------------------|
| <b>Zip Codes Represented</b> |
|------------------------------|

|       |
|-------|
| 57028 |
| 57029 |
| 57030 |
| 57031 |
| 57032 |
| 57033 |
| 57034 |
| 57035 |
| 57036 |
| 57037 |
| 57038 |
| 57039 |
| 57040 |
| 57041 |
| 57042 |
| 57043 |
| 57045 |
| 57046 |
| 57047 |
| 57048 |
| 57049 |
| 57050 |
| 57051 |
| 57052 |
| 57053 |
| 57054 |
| 57055 |
| 57056 |
| 57057 |
| 57058 |
| 57059 |
| 57061 |
| 57062 |
| 57063 |
| 57064 |
| 57065 |
| 57066 |
| 57067 |
| 57068 |
| 57069 |
| 57070 |
| 57071 |
| 57072 |
| 57073 |
| 57075 |

|       |
|-------|
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
| 57041 |
| 57042 |
| 57043 |
| 57045 |
| 57046 |
| 57047 |
| 57048 |
| 57049 |
| 57050 |
| 57051 |
| 57052 |
| 57053 |
| 57054 |
| 57055 |
| 57056 |
| 57057 |
| 57058 |
| 57059 |
| 57061 |
| 57062 |
| 57063 |
| 57064 |
| 57065 |
| 57066 |
| 57067 |
| 57068 |
| 57069 |
| 57070 |
| 57071 |
| 57072 |
| 57073 |
| 57075 |

|       |
|-------|
| 57076 |
| 57077 |
| 57078 |
| 57079 |
| 57101 |
| 57103 |
| 57104 |
| 57105 |
| 57106 |
| 57107 |
| 57108 |
| 57109 |
| 57110 |
| 57117 |
| 57118 |
| 57186 |
| 57188 |
| 57189 |
| 57192 |
| 57193 |
| 57194 |
| 57195 |
| 57196 |
| 57197 |
| 57198 |
| 57201 |
| 57212 |
| 57213 |
| 57214 |
| 57216 |
| 57217 |
| 57218 |
| 57219 |
| 57220 |
| 57221 |
| 57223 |
| 57224 |
| 57225 |
| 57226 |
| 57227 |
| 57231 |
| 57232 |
| 57233 |
| 57234 |
| 57235 |

|       |
|-------|
| 57076 |
| 57077 |
| 57078 |
| 57079 |
| 57101 |
| 57103 |
| 57104 |
| 57105 |
| 57106 |
| 57107 |
| 57108 |
| 57109 |
| 57110 |
| 57117 |
| 57118 |
| 57186 |
| 57188 |
| 57189 |
| 57192 |
| 57193 |
| 57194 |
| 57195 |
| 57196 |
| 57197 |
| 57198 |
| 57201 |
| 57212 |
| 57213 |
| 57214 |
| 57216 |
| 57217 |
| 57218 |
| 57219 |
| 57220 |
| 57221 |
| 57223 |
| 57224 |
| 57225 |
| 57226 |
| 57227 |
| 57231 |
| 57232 |
| 57233 |
| 57234 |
| 57235 |

|       |
|-------|
| 57236 |
| 57237 |
| 57238 |
| 57239 |
| 57241 |
| 57242 |
| 57243 |
| 57245 |
| 57246 |
| 57247 |
| 57248 |
| 57249 |
| 57251 |
| 57252 |
| 57253 |
| 57255 |
| 57256 |
| 57257 |
| 57258 |
| 57259 |
| 57260 |
| 57261 |
| 57262 |
| 57263 |
| 57264 |
| 57265 |
| 57266 |
| 57268 |
| 57269 |
| 57270 |
| 57271 |
| 57272 |
| 57273 |
| 57274 |
| 57276 |
| 57278 |
| 57279 |
| 57301 |
| 57311 |
| 57312 |
| 57313 |
| 57314 |
| 57315 |
| 57317 |
| 57319 |

|       |
|-------|
| 57236 |
| 57237 |
| 57238 |
| 57239 |
| 57241 |
| 57242 |
| 57243 |
| 57245 |
| 57246 |
| 57247 |
| 57248 |
| 57249 |
| 57251 |
| 57252 |
| 57253 |
| 57255 |
| 57256 |
| 57257 |
| 57258 |
| 57259 |
| 57260 |
| 57261 |
| 57262 |
| 57263 |
| 57264 |
| 57265 |
| 57266 |
| 57268 |
| 57269 |
| 57270 |
| 57271 |
| 57272 |
| 57273 |
| 57274 |
| 57276 |
| 57278 |
| 57279 |
| 57301 |
| 57311 |
| 57312 |
| 57313 |
| 57314 |
| 57315 |
| 57317 |
| 57319 |

|       |  |       |
|-------|--|-------|
| 57321 |  | 57321 |
| 57322 |  | 57322 |
| 57323 |  | 57323 |
| 57324 |  | 57324 |
| 57325 |  | 57325 |
| 57326 |  | 57326 |
| 57328 |  | 57328 |
| 57329 |  | 57329 |
| 57330 |  | 57330 |
| 57331 |  | 57331 |
| 57332 |  | 57332 |
| 57334 |  | 57334 |
| 57335 |  | 57335 |
| 57337 |  | 57337 |
| 57339 |  | 57339 |
| 57340 |  | 57340 |
| 57341 |  | 57341 |
| 57342 |  | 57342 |
| 57344 |  | 57344 |
| 57345 |  | 57345 |
| 57346 |  | 57346 |
| 57348 |  | 57348 |
| 57349 |  | 57349 |
| 57350 |  | 57350 |
| 57353 |  | 57353 |
| 57354 |  | 57354 |
| 57355 |  | 57355 |
| 57356 |  | 57356 |
| 57358 |  | 57358 |
| 57359 |  | 57359 |
| 57361 |  | 57361 |
| 57362 |  | 57362 |
| 57363 |  | 57363 |
| 57364 |  | 57364 |
| 57365 |  | 57365 |
| 57366 |  | 57366 |
| 57367 |  | 57367 |
| 57368 |  | 57368 |
| 57369 |  | 57369 |
| 57370 |  | 57370 |
| 57371 |  | 57371 |
| 57373 |  | 57373 |
| 57374 |  | 57374 |
| 57375 |  | 57375 |
| 57376 |  | 57376 |



|       |  |       |
|-------|--|-------|
| 57379 |  | 57379 |
| 57380 |  | 57380 |
| 57381 |  | 57381 |
| 57382 |  | 57382 |
| 57383 |  | 57383 |
| 57384 |  | 57384 |
| 57385 |  | 57385 |
| 57386 |  | 57386 |
| 57399 |  | 57399 |
| 57401 |  | 57401 |
| 57402 |  | 57402 |
| 57420 |  | 57420 |
| 57421 |  | 57421 |
| 57422 |  | 57422 |
| 57424 |  | 57424 |
| 57426 |  | 57426 |
| 57427 |  | 57427 |
| 57428 |  | 57428 |
| 57429 |  | 57429 |
| 57430 |  | 57430 |
| 57432 |  | 57432 |
| 57433 |  | 57433 |
| 57434 |  | 57434 |
| 57435 |  | 57435 |
| 57436 |  | 57436 |
| 57437 |  | 57437 |
| 57438 |  | 57438 |
| 57439 |  | 57439 |
| 57440 |  | 57440 |
| 57441 |  | 57441 |
| 57442 |  | 57442 |
| 57445 |  | 57445 |
| 57446 |  | 57446 |
| 57448 |  | 57448 |
| 57449 |  | 57449 |
| 57450 |  | 57450 |
| 57451 |  | 57451 |
| 57452 |  | 57452 |
| 57454 |  | 57454 |
| 57455 |  | 57455 |
| 57456 |  | 57456 |
| 57457 |  | 57457 |
| 57460 |  | 57460 |
| 57461 |  | 57461 |
| 57465 |  | 57465 |

|       |  |       |
|-------|--|-------|
| 57466 |  | 57466 |
| 57467 |  | 57467 |
| 57468 |  | 57468 |
| 57469 |  | 57469 |
| 57470 |  | 57470 |
| 57471 |  | 57471 |
| 57472 |  | 57472 |
| 57473 |  | 57473 |
| 57474 |  | 57474 |
| 57475 |  | 57475 |
| 57476 |  | 57476 |
| 57477 |  | 57477 |
| 57479 |  | 57479 |
| 57481 |  | 57481 |
| 57501 |  | 57501 |
| 57520 |  | 57520 |
| 57521 |  | 57521 |
| 57522 |  | 57522 |
| 57523 |  | 57523 |
| 57528 |  | 57528 |
| 57529 |  | 57529 |
| 57531 |  | 57531 |
| 57532 |  | 57532 |
| 57533 |  | 57533 |
| 57534 |  | 57534 |
| 57536 |  | 57536 |
| 57537 |  | 57537 |
| 57538 |  | 57538 |
| 57540 |  | 57540 |
| 57541 |  | 57541 |
| 57543 |  | 57543 |
| 57544 |  | 57544 |
| 57547 |  | 57547 |
| 57548 |  | 57548 |
| 57551 |  | 57551 |
| 57552 |  | 57552 |
| 57553 |  | 57553 |
| 57555 |  | 57555 |
| 57559 |  | 57559 |
| 57560 |  | 57560 |
| 57562 |  | 57562 |
| 57563 |  | 57563 |
| 57564 |  | 57564 |
| 57566 |  | 57566 |
| 57567 |  | 57567 |

|       |  |       |
|-------|--|-------|
| 57568 |  | 57568 |
| 57569 |  | 57569 |
| 57570 |  | 57570 |
| 57571 |  | 57571 |
| 57572 |  | 57572 |
| 57574 |  | 57574 |
| 57576 |  | 57576 |
| 57577 |  | 57577 |
| 57579 |  | 57579 |
| 57580 |  | 57580 |
| 57584 |  | 57584 |
| 57585 |  | 57585 |
| 57601 |  | 57601 |
| 57620 |  | 57620 |
| 57621 |  | 57621 |
| 57622 |  | 57622 |
| 57623 |  | 57623 |
| 57625 |  | 57625 |
| 57626 |  | 57626 |
| 57630 |  | 57630 |
| 57631 |  | 57631 |
| 57632 |  | 57632 |
| 57633 |  | 57633 |
| 57634 |  | 57634 |
| 57636 |  | 57636 |
| 57638 |  | 57638 |
| 57639 |  | 57639 |
| 57640 |  | 57640 |
| 57641 |  | 57641 |
| 57642 |  | 57642 |
| 57644 |  | 57644 |
| 57645 |  | 57645 |
| 57646 |  | 57646 |
| 57648 |  | 57648 |
| 57649 |  | 57649 |
| 57650 |  | 57650 |
| 57651 |  | 57651 |
| 57652 |  | 57652 |
| 57656 |  | 57656 |
| 57657 |  | 57657 |
| 57658 |  | 57658 |
| 57659 |  | 57659 |
| 57660 |  | 57660 |
| 57661 |  | 57661 |
| 57701 |  | 57701 |

|       |  |       |
|-------|--|-------|
| 57702 |  | 57702 |
| 57703 |  | 57703 |
| 57706 |  | 57706 |
| 57709 |  | 57709 |
| 57714 |  | 57714 |
| 57716 |  | 57716 |
| 57717 |  | 57717 |
| 57718 |  | 57718 |
| 57719 |  | 57719 |
| 57720 |  | 57720 |
| 57722 |  | 57722 |
| 57724 |  | 57724 |
| 57725 |  | 57725 |
| 57730 |  | 57730 |
| 57732 |  | 57732 |
| 57735 |  | 57735 |
| 57737 |  | 57737 |
| 57738 |  | 57738 |
| 57741 |  | 57741 |
| 57744 |  | 57744 |
| 57745 |  | 57745 |
| 57747 |  | 57747 |
| 57748 |  | 57748 |
| 57750 |  | 57750 |
| 57751 |  | 57751 |
| 57752 |  | 57752 |
| 57754 |  | 57754 |
| 57755 |  | 57755 |
| 57756 |  | 57756 |
| 57758 |  | 57758 |
| 57759 |  | 57759 |
| 57760 |  | 57760 |
| 57761 |  | 57761 |
| 57762 |  | 57762 |
| 57763 |  | 57763 |
| 57764 |  | 57764 |
| 57766 |  | 57766 |
| 57767 |  | 57767 |
| 57769 |  | 57769 |
| 57770 |  | 57770 |
| 57772 |  | 57772 |
| 57773 |  | 57773 |
| 57775 |  | 57775 |
| 57776 |  | 57776 |
| 57779 |  | 57779 |















































**CCC Student Enrollment**

|  | <b>Number</b> |
|--|---------------|
| <b>Number trained in each workforce role</b> |               |
| Total number of Students                     | 85            |
| Practice Workflow/Information Redesign       | 30            |
| Clinician/Practitioner consultant            | 10            |
| Implementation Support Specialist            | 15            |
| Implementation Managers                      | 10            |
| Technical Software Support staff             | 10            |
| Trainers                                     | 10            |
|  |               |
| <b>Students Professional Backgrounds</b>     |               |
| Information Technology                       | 20            |
| Health related profession                    | 30            |

*Note: The total number of students*

*Note: This is the number for all*

ents should match estimate provided in your FC

the students in the consortium

DA response

## CCC/CC Milestones

### Baseline version (last approved milestone baseline)

| Baseline document name              | Date            |
|-------------------------------------|-----------------|
| Northern Virginia Community College | 4/14/10         |
| <i>enter document name here</i>     | <i>mm/dd/yy</i> |

| CCC starting month | April-10          |
|--------------------|-------------------|
|                    | <i>Month 2010</i> |

*Note: this date drives baseline months*

### Student Enrollment

| Measures  | April | May | June | July | August |
|---|-------|-----|------|------|--------|
| <b>Milestone baseline</b>                       |       |     |      |      |        |
| M1: Number of students enrolled in the program  |       |     |      |      |        |
| M2: Number of students graduating from programs |       |     |      |      |        |
| M3: Training in how many workforce roles        |       |     |      |      |        |

### Employment and Earnings

| Measures  | Q 1 | Q2 | Q3 | Q4 |
|---|-----|----|----|----|
| <b>Milestone baseline</b>   |     |    |    |    |
| M1: Employment rate - percent of students employed in first quarter after exit from program |     |    |    |    |
| M2: Employment retention - percent of students still employed in second and third quarter   |     |    |    |    |
| M3: Average earnings  |     |    |    |    |



| <i>September</i> | <i>October</i> | <i>November</i> | <i>December</i> | <i>January</i> | <i>February</i> | <i>March</i> | <i>Total</i> |
|------------------|----------------|-----------------|-----------------|----------------|-----------------|--------------|--------------|
|                  |                |                 |                 |                |                 |              |              |
|                  | 40             |                 |                 | 45             |                 |              | 85           |
|                  |                |                 |                 |                |                 |              | -            |
|                  |                |                 |                 |                |                 |              | -            |

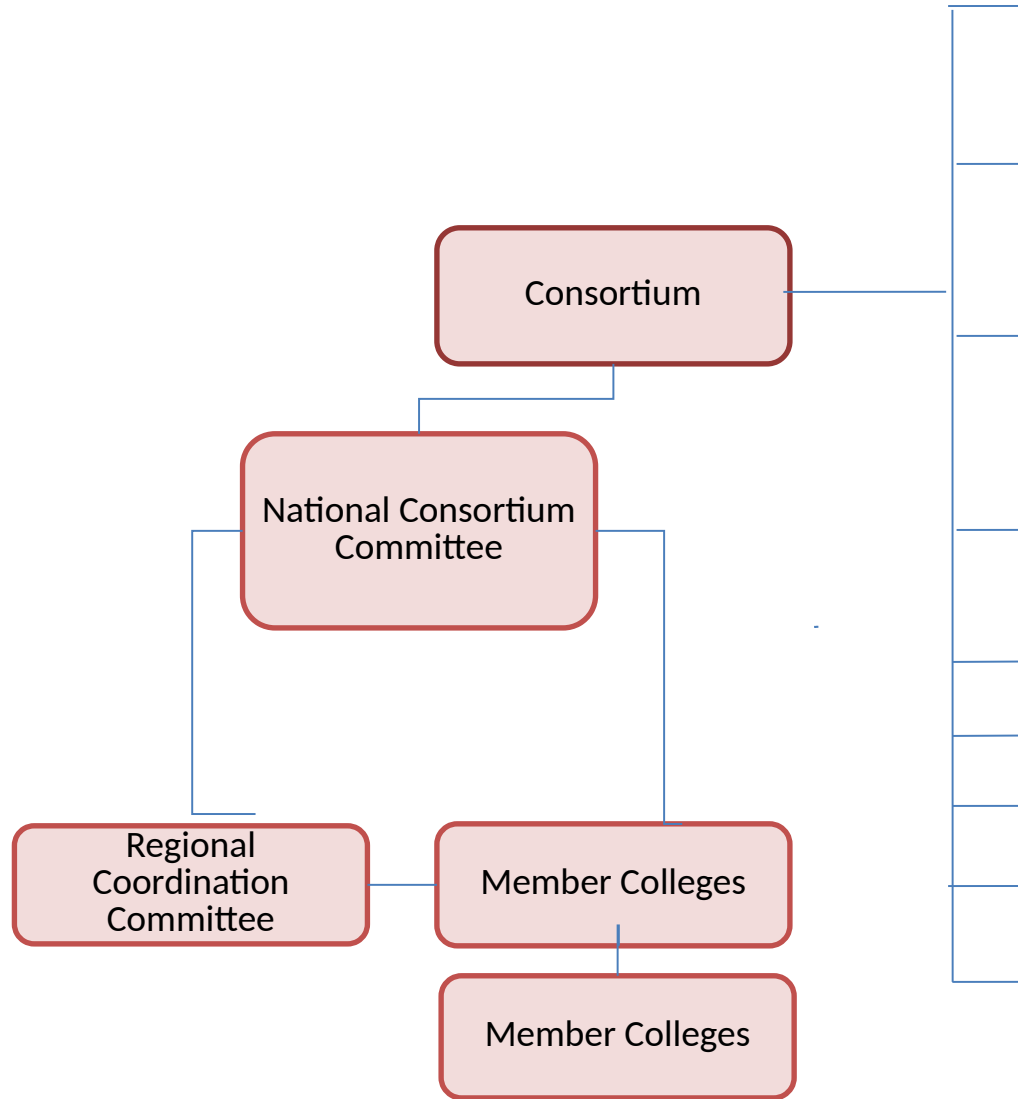


**Jump to Front Page**

Legend

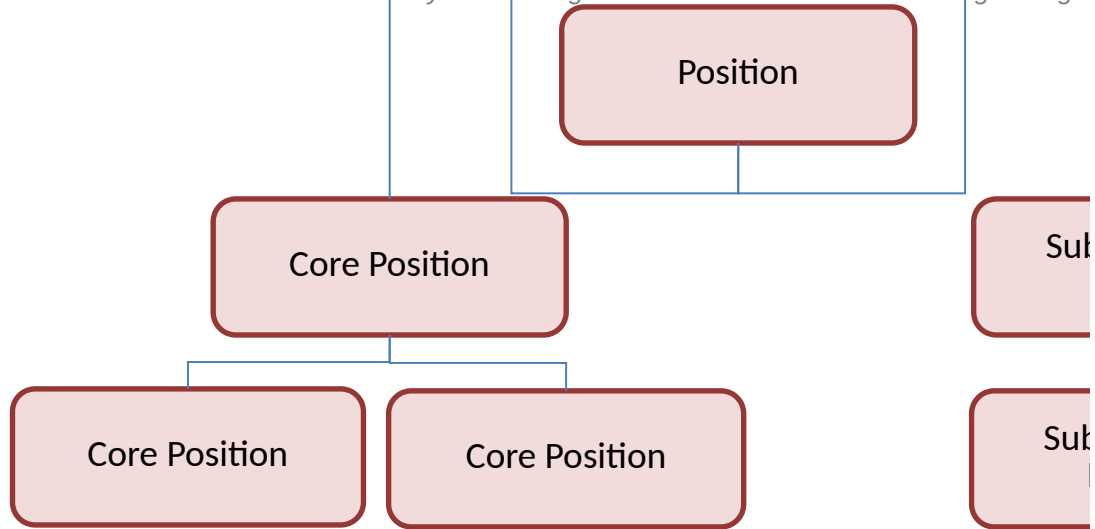
|                  |
|------------------|
| Data entry field |
| Reference field  |
| Calculated field |

**CCC relationships with sub-recipients, partners, and stakeholders**  
Please modify the diagram as appropriate to show how your CCC connects with



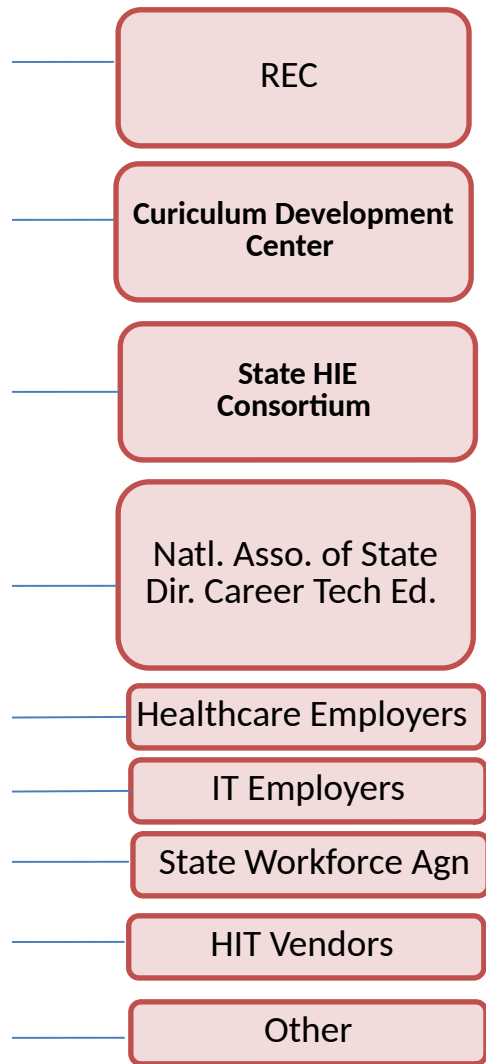
**CCC Staff organization chart**

Please modify the diagram as appropriate to show the organization of your CCC.  
This should include only staff for organizations that will receive funding through



**ders**

*h other stakeholders and partners*





~~and~~ its Sub-Recipients  
the CCC

o-Recipient  
Position

o-Recipient  
Position

|

**Staff list**

| CCC/CC functional role                  | Organization |
|---|--------------|
| Authorized Representative               |              |
| Project Director                        |              |
| Finance Lead                            |              |
| Education and Outreach Coordinator      |              |
| Curriculum Specialist                   |              |
| Training, Retention & Placement Manager |              |
| Faculty                                 |              |
| Faculty                                 |              |
| Faculty                                 |              |
| Other (please specify)                  |              |
| Other (please specify)                  |              |

*Role as defined in FOA*

| Name | Title | Newly Hired? (Y/N) |
|------|-------|--------------------|
|      |       |                    |
|      |       |                    |
|      |       |                    |
|      |       |                    |
|      |       |                    |
|      |       |                    |
|      |       |                    |
|      |       |                    |
|      |       |                    |
|      |       |                    |
|      |       |                    |

*First name last name*

*Position title*

*Y or N*

| Phone number | Email |
|--------------|-------|
|              |       |
|              |       |
|              |       |
|              |       |
|              |       |
|              |       |
|              |       |
|              |       |
|              |       |
|              |       |
|              |       |
|              |       |

*e.g.*, xxx-xxx-xxxx



|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |



**Stakeholders**

| Organization type   | Organization name |
|---|-------------------|
| Information Technology Employers  |                   |
| Health Care Employers   |                   |
| National Association of State Directors of Career Technical Education Consortium            |                   |
| Regional Extension Centers  |                   |
| Federally Qualified Health Centers  |                   |
| Rural Health Centers  |                   |
| Other Community Health Centers  |                   |
| State/Local/Tribal Government (Public health, health care, or other partnering institution) |                   |
| State Health Information Exchange Coordinator   |                   |
| State Medicaid Director   |                   |
| Health Plans  |                   |
| Hospital Systems  |                   |
| Public Hospital   |                   |
| Critical Access Hospitals   |                   |
| Laboratories  |                   |
| Local workforce programs  |                   |
| Medicare Quality Improvement Organizations  |                   |
| Federal Stakeholders (HHS regional office, VA, IHS, etc.)                                   |                   |
| Other (please specify)  |                   |
| Other (please specify)  |                   |
| Other (please specify)  |                   |
| Other (please specify)  |                   |
| Other (please specify)  |                   |
| Other (please specify)  |                   |





## Consortium Key activities

Insert rows as necessary below

| Service area   | Description of each activity  | Goal of each activity   | Outcome   |
|--|---|---|---|
| <b>Outreach/Collaboration</b>                                  |   |   |   |
| Develop Outreach Communication plan                            | Set plan for CCC to communicate with associations and organization affiliated with healthcare industry to identify students and faculty for new program | To insure transparency among all healthcare and IT stakeholders and partners of new program and needs | Get support from organizations/ associations to help local MCC with student recruitment and hiring of faculty |
| activity 2 (please specify)                                    |   |   |   |
| activity 3 (please specify)                                    |   |   |   |
| activity 4 (please specify)                                    |   |   |   |
| activity 5 (please specify)                                    |   |   |   |
| <b>Consortia Committee Participation/Coordination</b>          |   |   |   |
| activity 1 (please specify)                                    |   |   |   |
| activity 2 (please specify)                                    |   |   |   |
| activity 3 (please specify)                                    |   |   |   |
| activity 4 (please specify)                                    |   |   |   |
| activity 5 (please specify)                                    |   |   |   |
| <b>Education Materials/Curriculum</b>                          |   |   |   |
| Develop process for approving existing CC curriculum           |   |   |   |
| activity 2 (please specify)                                    |   |   |   |
| activity 3 (please specify)                                    |   |   |   |
| activity 4 (please specify)                                    |   |   |   |
| activity 5 (please specify)                                    |   |   |   |
| <b>Dissemination of Nationally Developed Materials</b>         |   |   |   |
| activity 1 (please specify)                                    |   |   |   |
| activity 2 (please specify)                                    |   |   |   |
| activity 3 (please specify)                                    |   |   |   |
| activity 4 (please specify)                                    |   |   |   |
| activity 5 (please specify)                                    |   |   |   |
| <b>Support for faculty recruitment/CC organization support</b> |   |   |   |
| activity 1 (please specify)                                    |   |   |   |
| activity 2 (please specify)                                    |   |   |   |

|  |  |  |  |
|--|--|--|--|
| activity 3 (please specify)                      |  |  |  |
| activity 4 (please specify)                      |  |  |  |
| activity 5 (please specify)                      |  |  |  |
| <b>Progress Reporting and Program Evaluation</b> |  |  |  |
| activity 1 (please specify)                      |  |  |  |
| activity 2 (please specify)                      |  |  |  |
| activity 3 (please specify)                      |  |  |  |
| activity 4 (please specify)                      |  |  |  |
| activity 5 (please specify)                      |  |  |  |
| <b>Other</b>                                     |  |  |  |
| activity 1 (please specify)                      |  |  |  |
| activity 2 (please specify)                      |  |  |  |
| activity 3 (please specify)                      |  |  |  |
| activity 4 (please specify)                      |  |  |  |
| activity 5 (please specify)                      |  |  |  |
| <b>Other</b>                                     |  |  |  |
| activity 1 (please specify)                      |  |  |  |
| activity 2 (please specify)                      |  |  |  |
| activity 3 (please specify)                      |  |  |  |
| activity 4 (please specify)                      |  |  |  |
| activity 5 (please specify)                      |  |  |  |
| <b>Other</b>                                     |  |  |  |
| activity 1 (please specify)                      |  |  |  |
| activity 2 (please specify)                      |  |  |  |
| activity 3 (please specify)                      |  |  |  |
| activity 4 (please specify)                      |  |  |  |
| activity 5 (please specify)                      |  |  |  |

*General description of the approach to this domain of activities*

*Short description of each activity and the goal for the activity*

**Member Community College Key activities**

*Insert rows as necessary below*

| Service area                                     | Description of each activity | Goal of each activity | Dates/Outcomes |
|--|------------------------------|-----------------------|----------------|
| <b>Identify Faculty</b>                          |                              |                       |                |
| activity 1 (please specify)                      |                              |                       |                |
| activity 2 (please specify)                      |                              |                       |                |
| activity 3 (please specify)                      |                              |                       |                |
| activity 4 (please specify)                      |                              |                       |                |
| activity 5 (please specify)                      |                              |                       |                |
| <b>Partnerships</b>                              |                              |                       |                |
| activity 1 (please specify)                      |                              |                       |                |
| activity 2 (please specify)                      |                              |                       |                |
| activity 3 (please specify)                      |                              |                       |                |
| activity 4 (please specify)                      |                              |                       |                |
| activity 5 (please specify)                      |                              |                       |                |
| <b>Student Recruitment</b>                       |                              |                       |                |
| activity 1 (please specify)                      |                              |                       |                |
| activity 2 (please specify)                      |                              |                       |                |
| activity 3 (please specify)                      |                              |                       |                |
| activity 4 (please specify)                      |                              |                       |                |
| activity 5 (please specify)                      |                              |                       |                |
| <b>Establish Program Elements</b>                |                              |                       |                |
| activity 1 (please specify)                      |                              |                       |                |
| activity 2 (please specify)                      |                              |                       |                |
| activity 3 (please specify)                      |                              |                       |                |
| activity 4 (please specify)                      |                              |                       |                |
| activity 5 (please specify)                      |                              |                       |                |
| <b>Career Placement</b>                          |                              |                       |                |
| activity 1 (please specify)                      |                              |                       |                |
| activity 2 (please specify)                      |                              |                       |                |
| activity 3 (please specify)                      |                              |                       |                |
| activity 4 (please specify)                      |                              |                       |                |
| activity 5 (please specify)                      |                              |                       |                |
| <b>Progress Reporting and Program Evaluation</b> |                              |                       |                |
| activity 1 (please specify)                      |                              |                       |                |

|  |  |  |  |
|--|--|--|--|
| activity 2 (please specify)                      |  |  |  |
| activity 3 (please specify)                      |  |  |  |
| activity 4 (please specify)                      |  |  |  |
| activity 5 (please specify)                      |  |  |  |
| <b>Certification</b>                             |  |  |  |
| activity 1 (please specify)                      |  |  |  |
| activity 2 (please specify)                      |  |  |  |
| activity 3 (please specify)                      |  |  |  |
| activity 4 (please specify)                      |  |  |  |
| activity 5 (please specify)                      |  |  |  |
| <b>Participation In Consortium<br/>Activites</b> |  |  |  |
| activity 1 (please specify)                      |  |  |  |
| activity 2 (please specify)                      |  |  |  |
| activity 3 (please specify)                      |  |  |  |
| activity 4 (please specify)                      |  |  |  |
| activity 5 (please specify)                      |  |  |  |
| <b>Collaboration with ONC Programs</b>           |  |  |  |
| activity 1 (please specify)                      |  |  |  |
| activity 2 (please specify)                      |  |  |  |
| activity 3 (please specify)                      |  |  |  |
| activity 4 (please specify)                      |  |  |  |
| activity 5 (please specify)                      |  |  |  |
| <b>Other</b>                                     |  |  |  |





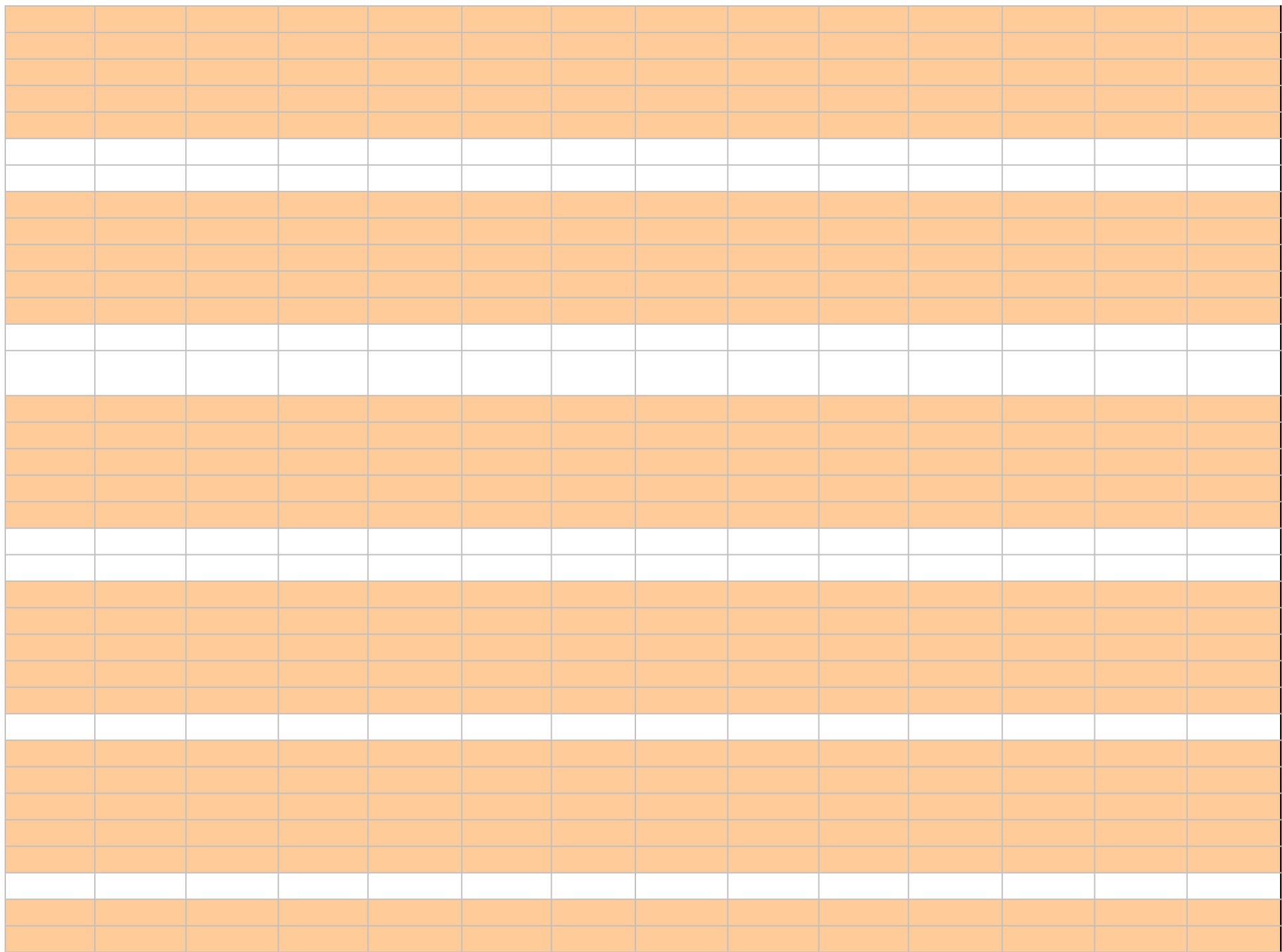
















## Key risks and mitigation steps

Insert rows as necessary below; please indicate "none" as applicable; double-click on cell to see entire cell

| Category   | Detailed description  | Risk/restriction mitigation steps                    |
|--|---|--|
| <b>Grant restrictions</b>                                  |   |  |
| Operation Plans from MCC                                   | Will not receive operation plans from MCC in time to lift grant restriction | Work with MCC to complete the operation plan in time |
| restriction 2 (please specify)                             |   |  |
| restriction 3 (please specify)                             |   |  |
| <b>Outreach/Collaboration</b>                              |   |  |
| risk 1 (please specify)                                    |   |  |
| risk 2 (please specify)                                    |   |  |
| risk 3 (please specify)                                    |   |  |
| <b>Consortium Committee Participation and Coordination</b> |   |  |
| risk 1 (please specify)                                    |   |  |
| risk 2 (please specify)                                    |   |  |
| risk 3 (please specify)                                    |   |  |
| <b>Availability Education Materials/Curriculum</b>         |   |  |
| risk 1 (please specify)                                    |   |  |
| risk 2 (please specify)                                    |   |  |
| risk 3 (please specify)                                    |   |  |
| <b>Organization</b>  |   |  |
| risk 1 (please specify)                                    |   |  |
| risk 2 (please specify)                                    |   |  |
| risk 3 (please specify)                                    |   |  |
| <b>Sustainability</b>                                      |   |  |
| risk 1 (please specify)                                    |   |  |
| risk 2 (please specify)                                    |   |  |
| risk 3 (please specify)                                    |   |  |
| <b>Other (please specify)</b>                              |   |  |

|                         |  |  |
|-------------------------|--|--|
| risk 1 (please specify) |  |  |
| risk 2 (please specify) |  |  |