

Form Approved

OMB No. 0920-XXXX

Exp. xx/xx/xxxx

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NCCDPHP MIS Proposed Screens

Program Information: Contact Information

2009-2010 Program Information		* required field
Edit Contact Information		Updated:02/10/2009
Organization Name:	[Grantee Name Displayed here]	
Grantee Number:	[Grantee number]	
Announcement Number:	[Announcement number]	
DUNS Number:	[Duns number]	
* Telephone:	<input type="text"/> <input type="text"/> <input type="text"/> ext. <input type="text"/>	
FAX:	<input type="text"/> <input type="text"/> <input type="text"/>	
Website Address:	<input type="text"/>	
* Mailing Address	* Address Line 1: <input type="text"/>	
	Address Line 2: <input type="text"/>	
	* City, State, ZIP <input type="text"/> <input type="text"/> Select <input type="text"/> - <input type="text"/>	
Shipping Address	<input type="checkbox"/> Same as mailing address	
	* Address Line 1: <input type="text"/>	
	Address Line 2: <input type="text"/>	
	* City, State, ZIP <input type="text"/> <input type="text"/> Select <input type="text"/> - <input type="text"/>	
Principal Investigator:	[PI Name, phone and email dispalyed here from personnel section]	
	<input type="checkbox"/> Same as mailing address	
	* Address Line 1: <input type="text"/>	
	Address Line 2: <input type="text"/>	
	* City, State, ZIP <input type="text"/> <input type="text"/> Select <input type="text"/> - <input type="text"/>	
Business/Financial Official:	[Business Official Name, phone and email dispalyed here from personnel section]	
Program/Project Manager:	[Project Manager(s) Name, phone and email dispalyed here from personnel section]	
CDC Grant Specialist:	[CDC Grant Specialist Name, phone and email dispalyed here from personnel section]	
CDC Project Officer:	[CDC Project Officer Name, phone and email dispalyed here from personnel section]	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>		

Program Information: Program Summary

2009-2010 Program Information

[Edit Program Summary](#)

* Grantee Type: State/District of Columbia
 Territory

Supplemental Funding : Component 1: Policy and Environmental Approches (non-Competitive)
 Component 2: Policy and Environmental Approches (Competitive)
 Component 3: Tobacco Quit Line

* Executive Summary:

ABC

Text goes here...

Characters: 00 / max 5000

Resources: Personnel

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[Personnel](#) | [Coalitions](#) | [Partners](#) | [Contracts](#)

2009-2010 Resources * required field

Add Personnel

* Position:
Other (specify)

* Position Status: Vacant Filled

* Related Program Involvement and Program Time Allocation

Collaborative

Diabetes %
 Tobacco Control %
 Behavioral Risk Factor Surveillance %
 Healthy Communities %

Comprehensive Cancer Control

Comprehensive Cancer Control %

Oral Health Program

Oral Health Program %

* Position Description:
Characters: 00

* Salutation:

* Name:

* Status: Active - Start Date
 Inactive - Vacated Date

* Telephone: ext.

FAX:

Personnel Continued:

* E-mail:	<input type="text"/>
* Highest Credentials (PRC):	<input type="radio"/> Less than high school <input checked="" type="radio"/> High school diploma/GED <input type="radio"/> Associates (AA, AS, AN, Other) <input type="radio"/> Bachelors (BA, BS, Other) <input type="radio"/> Masters (MA, MS, MPH, MSPH, Other) <input type="radio"/> Doctoral (PhD, DrPH, MD, DO, JD, Other) <input type="radio"/> None
* Employment Type:	<input type="radio"/> Grantee Employee <input type="radio"/> Contract Employee <input type="radio"/> Other (specify) <input type="text"/>

Assignment to Action Plan	Status	Timeline
No information entered.		

[msg](#)

Partners:

2009-2010 Resources	
Add Partner	
* Partner Name:	<input type="text"/>
* Programs Involved:	<p>Collaborative</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Tobacco Control</p> <p><input type="checkbox"/> Behavioral Risk Factor Surveillance</p> <p><input type="checkbox"/> Healthy Communities</p> <p>Comprehensive Cancer Control</p> <p><input checked="" type="checkbox"/> Comprehensive Cancer Control</p> <p>Oral Health Program</p> <p><input type="checkbox"/> Oral Health Program</p>
* Partner Type:	<p>Select <input type="text"/> <input type="button" value="v"/></p> <p>Other (Specify): <input type="text"/></p>
* Status:	<p><input type="radio"/> Active <input type="radio"/> Inactive</p>
<p><input type="button" value="Save"/> <input type="button" value="Cancel"/></p>	

Standard Data Sources

2009-2010 Planning		* required field
Edit Standard Data Sources		Updated:02/10/2009
		Most Recent Data Set Used (yyyy)
* 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 type="checkbox"/> National Immunization Survey (NIS)	<input type="text"/>
	<input type="checkbox"/> National Program of Cancer Registries	<input type="text"/>
	<input type="checkbox"/> National Youth Tobacco Survey (NYTS)	<input type="text"/>
	<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"/>
	<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Other Data Sources

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2009-2010 Planning * required field

Add Other Data Source

* Data Source Name:

* Population Sampled:

Characters: 00


* Collection Method:

Characters: 00

* Collection Frequency: Ongoing Single

* Most Recent Year Collected: (YYYY)

Plans and Logic Models

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2009-2010 Planning * required field

Add Plans and Logic Models

* Document Title:

* File: File size cannot exceed 10MB

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

* Type:

- Dissemination Plan
- Evaluation Plan
- Logic Model
- Media/Communication Plan
- Sustainability Plan
- Other (specify)

Action Plan: Project Period Objective

Action Plan

Add Project Period Objective

* Programs Involved:

- Behavioral Risk Factor Surveillance System
- Diabetes
- Healthy Communities
- Tobacco Control

* Related Program Goal:

Diabetes

- Prevent diabetes
- Prevent the complications, disabilities, and burden associated with diabetes
- Eliminate diabetes-related health disparities
- Maximize organizational capacity to achieve the National Diabetes Program Goals

Healthy Communities

- Provide technical assistance, training, and consultation to communities related to policy, systems, and environmental change strategies

Tobacco Control

- Prevent initiation of tobacco use
- Eliminate exposure to secondhand smoke
- Promote cessation among youth and adults
- Identify and eliminate tobacco-related health disparities.

* Priority Area:

- (Collaborative: Diabetes)
 - Gestational
 - Pre-diabetes (IGT and IFG)
 - Type 1
 - Type 2
 - Undiagnosed
- (Collaborative: Tobacco)
 - Not Applicable
- (Collaborative: Healthy Communities)
 - Not Applicable

Action Plan: Project Period Objective (Continued)

* Describe the objective and how it will impact the problem:

ABC

Characters: 00 / Max: 2000

* Long Term Outcome Measurement: (OSH)

Direction of Change: Select Long Term Outcome Indicator: Indicator 1.1

Baseline: Target: Data Source: Select

Other:

Unknown

* Intermediate and Short Term Outcome Measurements:(OSH) [Add](#)

Type*	Target*	National Program Indicator*	Data Source*	
Select		Select	Select Other: 	Save Cancel
Intermediate	6	1.12.2 Indicator Title	Data Source 3-Year	Edit Delete
Intermediate	2	1.13.3 Indicator Title	Data Source 2-Year	Edit Delete
Short	1	1.14.1 Indicator Title	Data Source 4-Year	Edit Delete
Short	1	1.14.8 Indicator Title	Data Source 4-year	Edit Delete

* Long Term Outcome Measurement: (DDT)

Direction of Change: Select Indicator: DIDIT Indicator 1

Specify:

Baseline: Target: Data Source: Select

Other:

Unknown

* Measurement: (Non-OSH or DDT)

Direction of Change: Select Unit of Measurement: Select Indicator:

Baseline: Target: Data Source: Select

Other:

Unknown

Time Frame: 07/01/2009 - 07/01/2014

Revisions

Describe Revisions:

ABC

Characters: 00 / Max: 2000

Save Cancel

Action Plan: Annual Objective

Action Plan * required file	
Add Annual Objective	
View Revisions	
* Programs Involved:	<input type="checkbox"/> Behavioral Risk Factor Surveillance System <input type="checkbox"/> Diabetes <input type="checkbox"/> Healthy Communities <input type="checkbox"/> Tobacco Control
* Related FOA Recipient Activity:	<input type="checkbox"/> Administration, Management, and Leadership <input type="checkbox"/> Surveillance, Analyses, and Evaluation <input type="checkbox"/> Promoting Social, Environmental, Policy, and Systems Approaches <input type="checkbox"/> Health Communication Interventions <input type="checkbox"/> Interventions to Improve Health Care Systems
* Strategy:	Tobacco <input type="checkbox"/> Monitor tobacco use <input type="checkbox"/> Protect people from tobacco smoke <input type="checkbox"/> Offer help to quit tobacco use <input type="checkbox"/> Warn about the dangers of tobacco <input type="checkbox"/> Enforce bans on tobacco advertising, promotion and sponsorship <input type="checkbox"/> Raise taxes on tobacco products Diabetes: <input type="text"/> Healthy Communities: <input type="text"/>
* Identify the Rationale/Approach for the Strategy:	<input type="checkbox"/> Evidence-based <input type="checkbox"/> Best Practice-based <input type="checkbox"/> Promising Practice <input type="checkbox"/> Practice-based / Program Experience


Action Plan: Annual Objective.

* Describe the objective and how it will impact the problem:	<div style="border: 1px solid #ccc; padding: 5px;"><div style="background-color: #e1eef6; padding: 2px; border-bottom: 1px solid #ccc;">ABC</div><div style="border: 1px solid #ccc; height: 40px; margin-top: 2px;"></div><div style="font-size: 8px; border: 1px solid #ccc; padding: 2px; margin-top: 2px;">Characters: 00</div></div>
* Scope:	<ul style="list-style-type: none"><input type="radio"/> National<input type="radio"/> Multi-State Region<input type="radio"/> State, Territory, Pacific Island Jurisdiction<input type="radio"/> Region Within State, Territory, Pacific Island Jurisdiction<input type="radio"/> Tribe/Tribal Organization<input type="radio"/> City, County, Local
* Setting:	<ul style="list-style-type: none"><input type="checkbox"/> Community<input type="checkbox"/> Healthcare<input type="checkbox"/> School<input type="checkbox"/> Worksite
* Population Focus:	<ul style="list-style-type: none"><input type="radio"/> General Population<input type="radio"/> Specific Population<ul style="list-style-type: none">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<input type="checkbox"/> Questioning Race <input type="checkbox"/> African American or Black<input type="checkbox"/> American Indian or Alaska Native<input type="checkbox"/> Asian Indian<input type="checkbox"/> Chinese<input type="checkbox"/> Filipino<input type="checkbox"/> Japanese<input type="checkbox"/> Korean<input type="checkbox"/> Vietnamese<input type="checkbox"/> Other Asian: <input style="width: 100px;" type="text"/><input type="checkbox"/> Native Hawaiian or other Pacific Islander<input type="checkbox"/> Guamanian or Chamorro<input type="checkbox"/> Samoan<input type="checkbox"/> White Ethnicity <input type="checkbox"/> Hispanic or Latino<input type="checkbox"/> Not Hispanic or Latino

Action Plan: Annual Objective

Age					
Infants and Toddlers					
<input type="checkbox"/> 0-1 Years					
<input type="checkbox"/> 2-3 Years					
Children					
<input type="checkbox"/> 4-11 Years					
Adolescents					
<input type="checkbox"/> 12-17 Years					
<input type="checkbox"/> 18-19 Years					
Adults					
<input type="checkbox"/> 20-24 Years					
<input type="checkbox"/> 25-39 Years					
<input type="checkbox"/> 40-49 Years					
Older Adults					
<input type="checkbox"/> 50-64 Years					
<input type="checkbox"/> 65 Years & Older					
Geography					
<input type="checkbox"/> Rural					
<input type="checkbox"/> Urban					
Socioeconomic Status (SES)					
<input type="checkbox"/> Low					
Additional Population Details					
<input type="text"/>					
Direction of Change	Unit of Measurement	What Will Be Measured	Baseline	Target	Data Source
Select	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select
Other: <input type="text"/>					
<input type="checkbox"/> Unknown					
Time Frame:	07/01/2009 - 06/30/2010				
Revisions					
Describe Revisions:					
<input type="text"/>					
Characters: 00 / Max: 2000					
<input type="button" value="Save"/> <input type="button" value="Cancel"/>					

Action Plan: Annual Activity

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Action Plan

Add Annual Activity

Related Annual Objective: Increase the number of from ... to ... by 06/2010.

* Activity Title:

* Activity Description:


480

* Lead Personnel Assigned:

* Key Partners Assigned: None
(select up to 5)
 Partner Name A
 Partner Name B
 Partner Name C
 Partner Name D
 Partner Name E...

* Timeframe
 First Quarter
 Second Quarter
 Third Quarter
 Fourth Quarter

Action Plan: Objective Progress (for both Project Period and Annual objectives)

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2009-2010 Action Plan

Add Annual Objective Progress

Related Annual Objective: Increase the number of from ... to ... by 06/2010.

* Progress Period:

* Objective's Target Met: Yes No Currently Ongoing

* Current Measurement: Unknown at this time

* Describe Progress:
Characters: 00

* Facilitating Factors of Success:
Characters: 00

* Barriers/Issues Encountered:
Characters: 00

* Plans to Overcome Barriers/Issues Encountered:
Characters: 00

Unanticipated Outcomes Related to the Objective:
Characters: 00

Action Plan: Products



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- PROGRAMS & RECIPIENTS
- PROGRAM INFORMATION
- RESOURCES
- FINANCIAL
- PLANNING
- ACTION PLAN**
- REPORTS
- SEARCH

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Action Plan

Add Product

Related Annual Objective: Increase the number of from ... to ... by 06/2010.

* Product Title:

* Product Description:
Characters: 00

* Product Type:

Attachment: File size cannot exceed 10MB