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| OMB No.: 0915-0285. Expiration Date: XX/XX/20XX |

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| **DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration   PROJECT WORK PLAN** | **FOR HRSA USE ONLY** | |
| Application Tracking Number | Grant Number |
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| **Focus Area/Target Area** | **For PCAs**: Address each of the three required Focus Areas. | **For NCAs**: Address one Target Area. |
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| |  |  |  | | --- | --- | --- | | **Measure** | Each Focus Area/Target Area includes pre-defined measures. These measures are required and may not be edited. |  | | Baseline Data | **For PCAs**: Baseline data is pre-populated. This field is read-only and may not be edited.  **For NCAs:** Baseline data for some measures is pre-populated, and for some measures must be entered by the NCA. |  | | Baseline Narrative | Provide a narrative description of baseline data informed by recent needs assessments and aligned with described key factors that impact performance. |  | | Goal Data | Provide a numerical value Goal to be achieved by the end of the project period for each required measure. |  | | Impact Narrative | Describe the overall impact the planned activities are predicted to have on the measure by the end of the project period. Reference data sources used to determine the expected impact. |  | | Key Factors  (maximum 500 characters) | Identify the factors that will contribute to and restrict progress on achieving the Goal.  Cite supporting data sources, (e.g., needs assessments, focus groups).  A minimum of 2 and a maximum of 5 Key Factors may be included.  At least 1 Contributing and 1 Restricting Key Factor must be identified. |  | | Formal Training and Technical Assistance (T/TA) Session Target | Provide the number of formal T/TA sessions planned (e.g., structured T/TA sessions with specific objectives and outcomes) through the end of the project period in order to meet this goal.  Note that for some NCA measures, this data is not collected. |  | | Participation Target | Provide the number of health center representatives that will participate in the formal T/TA sessions through the end of the project period in order to meet this goal.  Note that for some NCA measures, this data is not collected. |  | | Activity Area  **(PCAs only)** | **For PCAs:** Select at least 2 Activity Areas under each Goal to address. |  | | Activity Audience  **(NCAs only)** | **For NCAs:** Select one predefined Activity Audience for each proposed Activity: Learning Collaborative or National Audience. At least two activities must be proposed for each audience type for each goal. |  |  |  |  |  | | --- | --- | --- | | **Activity**  (limit 500 characters) | **For PCAs:** Propose 2-5 activities for each Activity Area (minimum of 4 activities total).  **For NCAs:** Propose 4-10 Activities for each Goal, with at least two Activities for each Activity Audience. |  | | |  |  |  | | --- | --- | --- | | Person/Area Responsible (limit 200 characters) | Identify the person/position that will be responsible and accountable for carrying out each Activity. |  | | Time Frame (limit 500 characters) | Provide a timeline for carrying out each Activity. |  | | Expected Outcome (limit 200 characters) | Identify the principal outcome for each Activity. |  |  |  | | --- | | Comments (limit 2,500 characters) | | Update/provide supplementary information related to entries in the project work plan, as desired. Not required; this field can be left blank. | | Progress Report (limit 1,000 characters) | | Provide a progress description for each activity.  **Note**: This field is only used when providing progress on the Non-Competing Continuation Progress Report | | | | | | |
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Public Burden Statement: 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. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

**INSTRUCTIONS**

This Project Work Plan is used for the following projects: State and Regional Primary Care Association Cooperative Agreements (PCAs) and National Training and Technical Assistance Cooperative Agreements (NCAs). Requirements vary between the two projects.

Applicants are required to demonstrate how funds will support the provision of training and technical assistance (T/TA) to potential and existing health centers. The list of required focus areas (PCAs), target areas (NCAs) and goals are provided in the respective funding opportunity announcements. The Project Work Plan is expected to detail the T/TA activities to be conducted.

| **Field** | **Instructions** |
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| Focus Area/Target Area | **For PCAs**: Address each of the three required Focus Areas.  **For NCAs**: Address one Target Area. |
| Measure | Each Focus Area/Target Area includes pre-defined measures. These measures are required and may not be edited. |
| Baseline Data | **For PCAs**: Baseline data is pre-populated. This field is read-only and may not be edited.  **For NCAs:** Baseline data for some measures is pre-populated, and for some measures must be entered by the NCA. |
| Baseline Narrative | Provide a narrative description of baseline data informed by recent needs assessments and aligned with described key factors that impact performance. |
| Goal Data | Provide a numerical value Goal to be achieved by the end of the project period for each required measure. |
| Impact Narrative | Describe the overall impact the planned activities are predicted to have on the measure by the end of the project period. Reference data sources used to determine the expected impact. |
| Key Factors  (maximum 500 characters) | Identify the factors that will contribute to and restrict progress on achieving the Goal.  Cite supporting data sources, (e.g., needs assessments, focus groups).  A minimum of 2 and a maximum of 5 Key Factors may be included.  At least 1 Contributing and 1 Restricting Key Factor must be identified. |
| Formal Training and Technical Assistance (T/TA) Session Target | Provide the number of formal T/TA sessions planned (e.g., structured T/TA sessions with specific objectives and outcomes) through the end of the project period in order to meet this goal.  Note that for some NCA measures, this data is not collected. |
| Participation Target | Provide the number of health center representatives that will participate in the formal T/TA sessions through the end of the project period in order to meet this goal.  Note that for some NCA measures, this data is not collected. |
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| Time Frame  (limit 500 characters) | Provide a timeline for carrying out each Activity. |
| Expected Outcome  (limit 200 characters) | Identify the principal outcome for each Activity. |
| Comments  (limit 2,500 characters) | Update/provide supplementary information related to entries in the project work plan, as desired. Not required; this field can be left blank. |
| Progress Report  (limit 1,000 characters) | Provide a progress description for each activity.  **Note**: This field is only used when providing progress on the Non-Competing Continuation Progress Report |