[INSERT PREP PROGRAM, E.G. PREIS] IMPLEMENTATION PLAN TEMPLATE

An implementation plan is a tool that provides detailed documentation of approaches and strategies for program implementation. The plan can be used during the program development process, as a guide to help you map or outline how and where you plan to implement your program, and who is involved. Identifying each step in the process ensures that your team and your partners have a clear understanding of what the program is and how it should be implemented. It can also be used to identify and think through potential challenges and proposed solutions before implementation begins.

This implementation template is designed to assist you in Phase 1 of the planning period with a focus on program development. All [INSERT PREP PROGRAM, e.g. PREIS] implementation plans should be finalized and approved by [INSERT DATE, e.g. the end of Phase I (June 30, 2017)]. The first completed draft of your implementation plan is due to your Project Officer by [INSERT DATE, e.g. May 15, 2017]. Please plan on approximately four hours to complete this template. Participation is voluntary, and all information will be kept private.

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information collection is voluntary. 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: Reports Clearance Officer (Attn: OMB/PRA 0970-0356), Administration for Children and Families, Department of Health and Human Services, 330 C. St. SW, 4th Floor, Washington, DC 20201.

I. Grantee Information

Preparation Subjects

I. Grantee Information	on
Grantee Name	
Grantee Address	
Project Director	
Phone Number	
E-mail	
Name of Evaluation	
Organization	
Name of Evaluation PI	
Phone Number	
Email	
II. Program Informat Name of Curricula or Model	
	l(s)
Name of Curricula or Model	Sites a (Indicate
Name of Curricula or Model Number of Implementation S List of Implementation Sites sites designated for control and/or	Sites a (Indicate or
Name of Curricula or Model Number of Implementation S List of Implementation Sites sites designated for control and/otreatment groups) Target Population (e.g., population)	Sites a (Indicate or lation,

III. Schedule of Delivery

[This information must be tailored to the requirements of PREP programs. – Information provided for other grant programs should be reported in accordance with the program requirements.]

Please complete the table below to describe all the components of the program funded under the grant, including the Adulthood Preparation Subjects.

Row A: List each component that will be offered (including any group or individual sessions, case management, social media or digital technology, service learning, other curricula or services).

Row B: For each component, describe the amount, duration, and intended dosage (e.g. Five 1 - hour sessions over 3 weeks for a total of 15 hours of programming).

Row C: Briefly describe the content of each component.

Row D: Describe who will deliver the content.

Row E: Describe the setting(s) in which the content will be delivered.

If you have more than one treatment group, please duplicate the treatment table.

	Treatment			
	Component 1	Component 2	Component 3	Component 4
A: Component				
(e.g., Classroom lessons)				
B: Amount, duration, intended dosage				
(e.g., 5 sessions over 3 weeks for a total of 15 hours of programming)				
C: Content (e.g., Lessons on contraceptive use and HIV prevention, decision making, and setting educational plans)				
D: Who will deliver? (e.g., Trained facilitators – program staff that will travel between programs)				
E. Setting				

(e.g., After school program)		

	Control/Comparison			
	Component 1	Component 2	Component 3	Component 4
A: Component				
(e.g., Classroom lessons)				
B: Amount, duration, intended dosage				
(e.g., 5 sessions over 3 weeks for a total of 15 hours of programming)				
C: Content				
(e.g., Lessons on contraceptive use and HIV prevention, decision making, and setting educational plans)				
D: Who will deliver?				
(e.g., Trained facilitators and partner organizations – program staff that willimplement the curriculum)				
E. Setting				
(e.g., After school program, clinic based, school based, residential)				

inticipated Challenges and Proposed Solutions with Program Deliver	er
hallenge #1:	
roposed Solution(s):	
hallenge #2:	
roposed Solution(s):	

IV. Adaptations

Adaptations are significant deviations from the approach that was proposed in your application. This includes, but is not limited to, adaptations to curricula, intervention activities, the schedule of delivery, the setting, or the services provided.

Adaptations				
	Brief Description	Rationale for Adaptation & Date Decision Was Made	Permission from Author/Developer? (Yes/No/Not Applicable)	Date Adaptation Completed
Adaptation #1				
Adaptation #2				
Adaptation #3				
Adaptation #4				
Adaptation #5				
Adaptation #6				
Adaptation #7				
Adaptation #8				
Adaptation #9				
Adaptation #10				

V. Research & Evaluation

[This information must be tailored to the requirements of PREP programs – Information provided for other grant programs should be reported in accordance with the program requirements.]

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Randomized Controlled Trial (RCT) or Quasi-Experimental Design (QED)?	
Unit of Randomization (e.g., individuals, sites, etc.)	
Data Collection Schedule*	

Annual Number of Participants (excluding pilot testing)

Budget Year	# of	# of Control
	Intervention	Participants
	Participants	_
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		
Total		

Process Research (if applicable)

PREIS grantees were allowed to propose process-related questions as secondary research questions. If this applies to your project, please complete this table.

Research Questions	Data Collection Method(s)	Key Staff	Key Deadline(s) for Completion
1.			
2.			
3.			
4			

^{*}The data collection schedule should be the same for both intervention and control group.

Anticipated Challenges and Proposed Solutions with Process Research

Challenge #1: Proposed Solution(s):		
Challenge #2: Proposed Solution(s):		

VI. Implementation Site Information

Submit Table for Each Site if Needed

For implementation partners, with more than one location, please list each location as a separate site.

[This information must be tailored to the requirements of PREP programs – Information provided for other grant programs should be reported in accordance with the program requirements.]

Implementation Site #1	
Project Coordinator	
Site Address	
Phone Number	
E-mail	
Type of Site: Intervention, Control, or Both?	
If both, please describe the extent to which the intervention and control participants will remain separate during implementation?	
Anticipated Total Number of Groups/Cohorts	
Number of Participants per Group/Cohort	
Description of Meeting Location (e.g., gym in community site, health classroom, etc.)	
Dates/Time of Sessions	

VII: Staff Recruitment, Retention, & Training

Site:
Total Number of Staff:
Number of Staff Already Hired:

Program Implementation Indicators	Brief Description	Key Staff	Deadline for Completion	How will progress be monitored? (include how often)
Number of staff to be hired				
Staff recruitment strategies				
Staff retention strategies				
Staff Training in Curricula Model(s)				
Other Staff Training				

Anticipated Challenges and Proposed Solutions for Staff Recruitment, Retention, & Training

Challenge #1:
Proposed Solution(s):

Challenge #2: Proposed Solution(s):

VIII: Participant Recruitment, Retention, & Tracking Strategies Submit Table for Each Site if Needed

Submit Table for Each Site if N	reeueu			
Site: Recruitment Goal: Enrollment Goal: Retention Goal:				
Program Implementation Indicators	Brief Description	Key Staff	Deadline for Completion	How will progress be monitored? (include how often)
Development of Recruitment, Retention, and Tracking Materials				
Recruitment Strategies				
Retention Strategies				
Tracking Strategies				
Anticipated Challenges a	nd Proposed Solutions for	Participant Recru	itment, Retention	, and Tracking
Challenge #1: Proposed Solution(s):				
Challenge #2: Proposed Solution(s):				

IX: Fidelity Monitoring

Submit Table for Each Site if Needed

[This information must be tailored to the requirements of PREP programs – Information provided for other grant programs should be reported in accordance with the program requirements.]

Please describe how you will monitor fidelity for the treatment group activities and, if applicable, the control group activities. PREIS strongly recommends formal observations for a minimum of 10% of sessions for each implementation cycle. In the beginning of the implementation phase, Phase II, PREIS grantees will be expected to conduct either informal, formal, or a combination of both on a more frequent basis than 10%. The exact frequency level should be determined with your PO.

Site:

Program Implementation Indicators	Brief Description	Key Staff	Deadline for Completion	How will progress be monitored? (Include how often)
Fidelity Monitoring Tools (e.g., checklists, observation forms, etc.)				
Fidelity Monitoring Observations				
Strategies for recording attendance and tracking dosage				
Strategies for addressing lack of fidelity				

Anticipated Challenges and Proposed Solutions for Fidelity Monitoring

Challenge #1:
Proposed Solution(s):
Challenge #2:
Proposed Solution(s):

X. Service Referrals and Follow-Up

Submit Table for Each Site if Needed

Referral Agency	Type of	Services Referred			
Program Implementation Indicators	Brief Description		Key Staff	lline for apletion	How will progress be monitored? (Include how often)
Referral Strategies					
Follow-Up Strategies					

Anticipated Challenges and Proposed Solutions for Service Referrals & Follow-up

Challenge #1: Proposed Solution(s):	
Challenge #2: Proposed Solution(s):	

XI. Partnerships

Please provide information for partners across the project, including implementation sites and partners providing training, support services, etc.

Name of Partner	Types of Services Partner Provides	Type of 3 rd Party Agreement

Anticipated Challenges and Proposed Solutions for Fidelity Monitoring

Challenge #1:
Proposed Solution(s):
1
Challenge #2:
J
Proposed Solution(s):

XII: Timeline for Phase I

[This information must be tailored to the requirements of PREP programs – Information provided for other grant programs should be reported in accordance with the program requirements.]

All planning activities, including piloting and development of all final materials, should be completed in the first 9 months of award.

Task	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	Start Date	End Date

Challenge #1: Proposed Solution(s):	
Challenge #2:	