

# Attachment 3a— Work Plan Tool Word Version

## HOME PAGE

\*denotes required field

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

Public reporting burden of this collection of information is estimated to average, 10 hours for the initial population of the tool and 3 hours for annual reporting per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).

### RAPE PREVENTION AND EDUCATION (RPE) WORK PLAN TOOL

Select a state or territory. \* [\[Drop Down Menu\]](#)

Alabama	Hawaii	Massachusetts	New Mexico	South Dakota	District of Columbia
Alaska	Idaho	Michigan	New York	Tennessee	Guam
Arizona	Illinois	Minnesota	North Carolina	Texas	Marianna Island
Arkansas	Indiana	Mississippi	North Dakota	Utah	Puerto Rico
California	Iowa	Missouri	Ohio	Vermont	Virgin Islands
Colorado	Kansas	Montana	Oklahoma	Virginia	
Connecticut	Kentucky	Nebraska	Oregon	Washington	
Delaware	Louisiana	Nevada	Pennsylvania	West Virginia	
Florida	Maine	New Hampshire	Rhode Island	Wisconsin	
Georgia	Maryland	New Jersey	South Carolina	Wyoming	

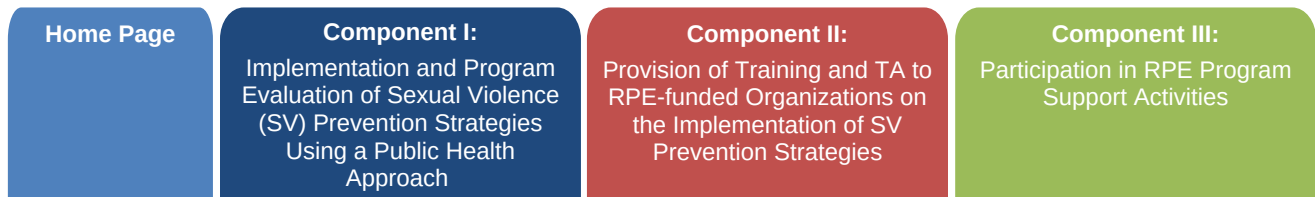
#### BEFORE YOU BEGIN

The goals of the RPE cooperative agreement (14-1401) are to improve the ability of RPE-funded organizations to use the public health approach and effective prevention principles to implement and evaluate sexual violence prevention strategies. The Work Plan Tool will capture key information on your goals, objectives and activities relating to the implementation and evaluation of sexual violence prevention strategies.

**Instructions:** Please use this Tool to prepare a work plan for the Rape Prevention and Education Program. For instructions on completing this Tool, please refer to the reporting guidance.

**Submission:** In addition to uploading it onto grants.gov for your continuation application, please submit the completed Tool with your Annual Performance Report to your Project Officer and [\[email address\]](#)

**Technical Tips:** You may navigate this Tool by clicking on the navigation menu (shown below) located at the top of each spreadsheet.



Please enter information into the yellow fields. If you enter an invalid character in any field that is not open text, an error message box will pop up.

**Questions and Support:** If you have any content-related questions or need assistance, please contact your Project Officer. If you need technical support at any time, please send an email with a detailed description of your need to the following address: [\[email address\]](#).

## COMPONENT 1: IMPLEMENTATION AND PROGRAM EVALUATION OF SEXUAL VIOLENCE (SV) STRATEGIES USING A PUBLIC HEALTH APPROACH

Awardees are able to add as objectives as needed. There will be fields for 5 goals listed under this component.

<b>Goal #</b>	[Open Text Field]
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Annual Objective Number ##	[Open Text Field]		What is the status of this objective?	[Status Drop Down Menu] o Not Yet Started o Scheduled o Ongoing o Complete
Activity Description	Responsible Party	Estimated Completion	Activity Progress Measure(s)	Status
[Open Text Field]	[Open Text Field]	[Drop down menu] [Month Year]	Optional field	[Status Drop Down Menu]
[Open Text Field]	[Open Text Field]	[Drop down menu] [Month Year]	Optional field	[Status Drop Down Menu]
[Open Text Field]	[Open Text Field]	[Drop down menu] [Month Year]	Optional field	[Status Drop Down Menu]
[Open Text Field]	[Open Text Field]	[Drop down menu] [Month Year]	Optional field	[Status Drop Down Menu]
[Open Text Field]	[Open Text Field]	[Drop down menu] [Month Year]	Optional field	[Status Drop Down Menu]

**[Button: Add Objective]** [Dynamic button that allows adding as many of objectives table with automatic numbering]

<b>Please describe potential challenges and needed support for completing the activities within this goal.</b> [Open Text Field]
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1. How are funds allocated to evaluate your prevention strategies?\* [Closed options]

- Evaluation is being implemented at the state level. Funds are allocated through the state-level budget. [Answer Q1a]
- Evaluation is being implemented at the implementer (sub-awardee) level. Funds are allocated through the implementer’s budget. [Skip to Component 2]
- Evaluation is being implemented at the prevention strategy level. Funds are allocated through the prevention strategy budget. [Skip to Component 2]
- Not applicable, please explain: \_\_\_\_\_ [Open Text Field] [Skip to Component 2]

1a. How much funding is allocated through the state-level budget to evaluate your prevention strategies? Provide information in dollar amounts. [Open numeric field with two decimals]  
 \$ \_\_\_\_\_

## COMPONENT 2: PROVISION OF TRAINING AND TA TO RPE-FUNDED ORGANIZATIONS ON THE IMPLEMENTATION OF SV PREVENTION STRATEGIES

There are three pre-set goals within Component 2. Awardees are able to add additional objectives under each goal as needed.

<b>Goal 1</b>	To provide proactive, regularly scheduled, and on-demand training and technical assistance to local organizations
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Annual Objective Number ##	[Open Text Field]		What is the status of this objective?	[Status Drop Down Menu]
				<input type="radio"/> Not Yet Started <input type="radio"/> Scheduled <input type="radio"/> Ongoing <input type="radio"/> Complete
Activity Description	Responsible Party	Estimated Completion	Activity Progress Measure(s)	Status
[Open Text Field]	[Open Text Field]	[Drop down menu] [Month Year]	Optional field	[Status Drop Down Menu]
[Open Text Field]	[Open Text Field]	[Drop down menu] [Month Year]	Optional field	[Status Drop Down Menu]
[Open Text Field]	[Open Text Field]	[Drop down menu] [Month Year]	Optional field	[Status Drop Down Menu]
[Open Text Field]	[Open Text Field]	[Drop down menu] [Month Year]	Optional field	[Status Drop Down Menu]
[Open Text Field]	[Open Text Field]	[Drop down menu] [Month Year]	Optional field	[Status Drop Down Menu]

[Button: Add Objective] [Dynamic button that allows adding as many of objectives table with automatic numbering]

Please describe potential challenges and needed support for completing the activities within this goal.

[Open Text Field]

<b>Goal 2</b>	To provide additional resources aimed at improving local organization’s capacities related to implementing their primary prevention strategies
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<b>Annual Objective Number ##</b>	[Open Text Field]	<b>What is the status of this objective?</b>	[Status Drop Down Menu] <input type="radio"/> Not Yet Started <input type="radio"/> Scheduled <input type="radio"/> Ongoing <input type="radio"/> Complete	
<b>Activity Description</b>	<b>Responsible Party</b>	<b>Estimated Completion</b>	<b>Activity Progress Measure(s)</b>	<b>Status</b>
[Open Text Field]	[Open Text Field]	[Drop down menu] [Month Year]	Optional field	[Status Drop Down Menu]
[Open Text Field]	[Open Text Field]	[Drop down menu] [Month Year]	Optional field	[Status Drop Down Menu]
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[Button: Add Objective] [Dynamic button that allows adding as many of objectives table with automatic numbering]

Please describe potential challenges and needed support for completing the activities within this goal.

[Open Text Field]

<b>Goal 3</b>	Ensure there is staff at the state level that has the expertise and sufficient time to provide proactive, regularly scheduled, and on-demand TA to local programs
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<b>Annual Objective Number ##</b>	[Open Text Field]	<b>What is the status of this objective?</b>	[Status Drop Down Menu] <input type="radio"/> Not Yet Started <input type="radio"/> Scheduled <input type="radio"/> Ongoing <input type="radio"/> Complete	
<b>Activity Description</b>	<b>Responsible Party</b>	<b>Estimated Completion</b>	<b>Activity Progress Measure(s)</b>	<b>Status</b>
[Open Text Field]	[Open Text Field]	[Drop down menu] [Month Year]	Optional field	[Status Drop Down Menu]

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[Open Text Field]	[Open Text Field]	[Drop down menu] [Month Year]	Optional field	[Status Drop Down Menu]

**[Button: Add Objective]** [Dynamic button that allows adding as many of objectives table with automatic numbering]

**Please describe potential challenges and needed support for completing the activities within this goal.**  
[Open Text Field]

## COMPONENT 2: PARTICIPATION IN RPE PROGRAM SUPPORT ACTIVITIES

Which of the following CDC-Sponsored program support activities will you participate in this year? (mark "x" or "as needed" for all that apply)		
Program Support Activity	Select all that apply	Description of participation (Optional)
Annual RPE Leadership Training	[Drop Down Menu] o X o As Needed	[Open Text Field]
CDC site visit or reverse site visit	[Drop Down Menu]	[Open Text Field]
E-Learning Collaborative (Peer Learning Forums) on SV prevention and/or evaluation (facilitated by PreventConnect)	[Drop Down Menu]	[Open Text Field]
State-specific training or TA from NSVRC	[Drop Down Menu]	[Open Text Field]
[Open Text Field]	[Drop Down Menu]	[Open Text Field]
[Open Text Field]	[Drop Down Menu]	[Open Text Field]
[Open Text Field]	[Drop Down Menu]	[Open Text Field]
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