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| **Activities** | **Components Requested** | | | |
|  | **Level of Completion** | **Comment and/or Summarize Requirement Progress** | **TA Tier and Specific C2 LEA Recipients Supported** | **Collaborating Component 3 Recipients** |
|  | Please indicate the level of completion of each activity. | Please summarize or provide additional detail on requirement progress as needed. | Please identify the C2 Recipient(s) AND Tier of TA Received (Universal/Targeted/ Intensive) for each activity.  **Ex. Albuquerque - Universal** | Please identify any other C3 Recipients engaged in each activity. |
| **This was a required activity for Year 1 of PS18-1807. It does not need to be completed again in subsequent years.**  3B 1. Submit a revised work plan that reflects an overall approach to achieve the project outcomes with specific and appropriate timelines tailored to the specific needs of recipients of C2 funding. Implement activities that are evidence-based, achievable, and appropriate to achieve the outcomes of the project. | Completed  In Progress  Not started |  |  |  |
| 3B 2. Work collaboratively with staff in the LEA funded for C2 to implement the approach and the required activities to achieve program performance outcomes. | Completed  In Progress  Not started |  |  |  |
| 3B 3. Submit an annual professional development work plan beginning in year 2 in consultation with the CDC professional development and evaluation contractor. | Completed  In Progress  Not started |  |  |  |
| 3B 4. Work collaboratively with the CDC professional development and evaluation contractor to address the capacity building needs of the recipients awarded under C2. | Completed  In Progress  Not started |  |  |  |
| 3B 5. Create and implement an annual inventory of general program activities of all LEA funded for C2 related to SHS, including specific LGBT-focused programmatic and capacity building activities. | Completed  In Progress  Not started |  |  |  |
| 3B 6. Create and implement an annual assessment of the capacity of all LEA funded for C2 to implement activities in SHS and take them to scale in all schools in the district. | Completed  In Progress  Not started |  |  |  |
| 3B 7. Provide technical assistance to LEA funded for C2 to strengthen SHS and delivery, consistent with needs assessment results, through a tiered plan to build the capacity of those LEA that includes general technical assistance, specialized capacity building, and intensive program implementation support. | Completed  In Progress  Not started |  |  |  |
| 3B 8. Identify, synthesize, and disseminate existing resources to support efforts of LEA funded for C2 to improve high school and middle school health education and SHS programs and delivery, including resources to improve health and SHS for LGBT youth. | Completed  In Progress  Not started |  |  |  |
| 3B 9. Assess training and technical assistance needs of LEA funded for C2 including staff within selected priority schools. | Completed  In Progress  Not started |  |  |  |
| 3B 10. Provide and/or connect staff of LEA funded for C2 to professional development, training, and technical assistance on implementing the required activities. | Completed  In Progress  Not started |  |  |  |
| 3B 11. Work with CDC to collect and disseminate success stories as accomplishments or milestones are achieved that highlight the progress made by C2 recipients. | Completed  In Progress  Not started |  |  |  |
| **Evaluation Activities:** Please share any evaluation efforts and updates (i.e., reports, 1-pager, infographics, conference abstracts, developing systems to capture referrals, technical assistance, etc.) developed during the reporting period:  Click or tap here to enter text. | | | | |
| **Successes:** Please describe any additional successes (e.g., identified through evaluation results or lessons learned).  Click or tap here to enter text. | | | | |
| **Challenges:** Please describe any challenges that might affect your ability to achieve annual and project-period outcomes, conduct performance measures, or complete the activities in the work plan. Also please describe any additional challenges (e.g., identified through evaluation results or lessons learned).  Click or tap here to enter text. | | | | |
| **CDC Program Support to Awardees:** Please describe how CDC could help you overcome challenges to achieving annual and project-period outcomes, and performance measures, and completing activities outlined in the work plan.  Click or tap here to enter text. | | | | |