

OMB No. 0906-XXXX, Expires XX/XX/20XX

**INSTRUCTIONS:** Using the template below, provide a detailed workplan timeline for im for activities. The proposed PFO project period for the PFO initiative should be clearly a Timeline as Attachment A to your Pay for Outcomes SIR Response.

Phase	Activity
<p><b><u>Planning</u></b></p>	<p>Identify and secure third-party funding <i>(if applicable)</i></p>
	<p>Identify and secure third-party evaluator</p>
	<p>Select LIAs/Providers</p>
	<p>Complete/update contracts (including evaluation contract)</p>
	<p>Draft and execute data-sharing agreements <i>(if applicable)</i></p>
	<p>Finalize legal structure, select fiscal agent and set up special purpose vehicle <i>(if applicable)</i></p>
	<p>Transfer third-party funding to LIAs/Providers <i>(if applicable)</i></p>
<p><b><u>COHORT 1</u></b></p>	
<p>Drawdown of total funding for Cohort 1 services</p>	
<p>Amount of MIECHV funding (indicate amount in relevant project year)</p>	

<b><u>Implementation</u></b>	Amount of third-party funding (indicate amount in relevant project year) <i>(if applicable)</i>
	Enroll Cohort 1
	Service delivery, monitoring and oversight
	Data collection
	Evaluation report
	Make outcome payments
	<b><u>COHORT 2</u></b>
	Drawdown of total funding for Cohort 2 services
	Amount of MIECHV funding (indicate amount in relevant project year)
	Amount of third-party funding (indicate amount in relevant project year) <i>(if applicable)</i>
	Enroll Cohort 2
	Service delivery, monitoring and oversight
	Data collection
	Evaluation report
Make outcome payments	
	Identify stakeholders

<b>Stakeholder Engagement</b>	Form stakeholder engagement committees <i>(if applicable)</i>
	Determine meeting schedule
	Hold meetings
<b>Reporting</b>	Draft PFO Annual Report
	Submit PFO Annual Report
<p>Public Burden Statement: HRSA is requesting approval to collect information in response to a request from a sponsor, and a person is not required to respond to, a collection of information unless it is estimated to average 92 hours per response, including the time for reviewing instructions. For more information, contact the HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland 20852.</p>	

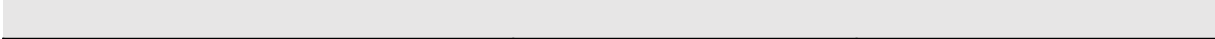
plementation of Pay for Outcomes initiative, and identifies responsible staff and timelines for articulated, and should reflect the appropriate amount of time to observe/achieve the outcome

## Pay for Outcomes Workplan Time

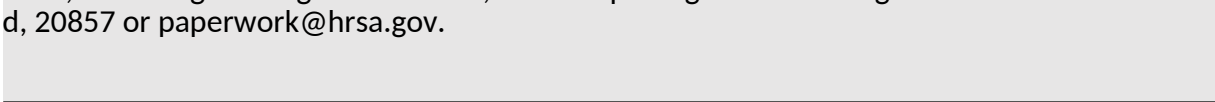
Staff Person Responsible	Start Date	Completion Date








se to a Supplemental Information Request (SIR), which will include eligible entities' plans for in  
it displays a currently valid OMB control number. The OMB control number for this informatio  
tions, searching existing data sources, and completing and reviewing the collection of informa  
d, 20857 or paperwork@hrsa.gov.

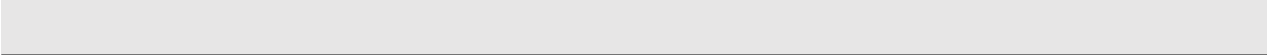


completion. The PFO Workplan Timeline must extend across the entire length of the proposed PFO measure(s), complete the PFO evaluation, and ensure that funds are obligated within the PFO start

# Timeline Template - DRAFT

## Year of PFO Project Period

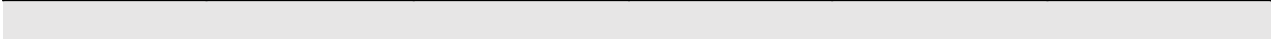
1	2	3	4	5	6



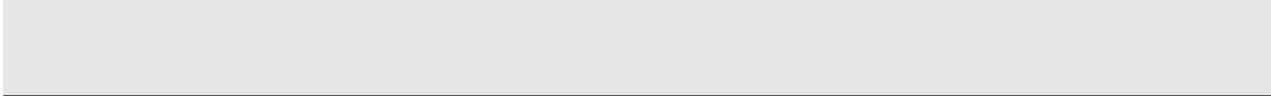









Implementation and evaluation of Pay for Outcomes (PFO) initiatives to be applied for through the information collection is 0906 -XXXX and it is valid until XX/XX/202X. This information collection is voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information.



O project period and include start and completion dates  
atutory period of availability. Submit this Workplan



7	8	9	10
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MIECHV Program. An agency may not conduct or  
Public reporting burden for this collection of information  
mation, including suggestions for reducing this burden, to

**INSTRUCTIONS:** Complete an Outcome Payment Timeline for each cohort served by the Pay for Outcome program.

## Outcome Payment Timeline

	Year			
Outcomes and Activities	1	2	3	4

**OUTCOME MEASURE 1:**

Enrollment Period				
Services Performed				
When Outcome is Expected (Date Range)				
Data Received to Measure Success				
Evaluation Results Available				
Outcome Payments Made				
<b>Amount of Payment per Instance</b>				
<b>Total Payments Expected</b>				

**OUTCOME MEASURE 2 (If applicable):**

Enrollment Period				
Services Performed				
When Outcome is Expected (Date Range)				
Data Received to Measure Success				
Evaluation Results Available				
Outcome Payments Made				
<b>Amount of Payment per Instance</b>				
<b>Total Payments Expected</b>				











