**OD2A Annual Progress Report Instructional Tool**

## **Strategy 1**

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| **Annual Progress Report (APR)** |
| **Surveillance (required)** |
| **1 Collect and disseminate timely emergency department (ED) data on suspected all drug, all opioid, heroin, and stimulant overdoses.**  |

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| --- | --- |
| **Summary** | **BRIEFLY DESCRIBE PROGRESS TO DATE ON THIS STRATEGY AND WHAT FACTORS HAVE FACILITATED YOUR PROGRESS. (6000-CHARACTER MAX)***This field should describe the factors that you have in place to ensure the Strategy activities will be successful. It should also describe what aspects facilitated your success.*Click or tap here to enter text. |
| **BRIEFLY DESCRIBE HOW YOUR JURISDICTION OVERCAME PROGRAMMATIC CHALLENGES/BARRIERS IMPLEMENTING THIS STRATEGY (EG. BUDGETARY, POLITICAL, ETC) (6000-CHARACTER MAX)***This field should describe overall CHALLENGES or barriers that your program has faced to implement activities in this strategy. Note: You will be able to add information about specific CHALLENGES for each activity below)*Click or tap here to enter text. |
| **PROVIDE EXAMPLES OF HOW THE FINDINGS OF THE ACTIVITY WERE DISSEMINATED? (6000-CHARACTER MAX)***This field should describe what if any, lessons were learned implementing this activity? Describe implementation lessons learned here (e.g., information others might want to know when implementing a similar activity in their jurisdiction) Was information from this activity disseminated into products? Were resources developed, papers?* *What are some lessons learned (at the strategy level) and what are you going to do with these lessons that you learned? What are some lessons learned and what are some changes that you plan to make based on the lessons learned?*Click or tap here to enter text. |
| **OPTIONAL REPORTING ACTIVITY:****DOES YOUR JURISDICTION AGREE TO REPORT ED VISITS AND HOSPITALIZATIONS INVOLVING SUSPECTED ALL DRUG, ALL OPIOID, HEROIN, AND ALL STIMULANT OVERDOSES FROM BILLING/DISCHARGE DATA TO CDC ON A QUARTERLY BASIS?**Click or tap here to enter text. |
|  | **OBJECTIVE****(pre-populated from workplan)** |
| **MAJOR ACTIVITY****(pre-populated from workplan)** |
| **OBJECTIVE DESCRIPTION****(pre-populated from workplan)** |
| **OUTCOMES** **(pre-populated from workplan)****SHORT-TERM****INTERMEDIATE****LONG-TERM** |
| **BARRIERS TO REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
| **FACILITATORS FOR REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
|  | **OBJECTIVE ACTIVITIES** |
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 | **ACTIVITY #1:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
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| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
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| **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
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|  | [ ] **Add additional activities as necessary** |

## **Strategy 2**

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| **Year 2 Annual Progress Report** |
| **Surveillance (required)** |
| **2 Collect and disseminate descriptions of drug overdose death circumstances using death certificates and medical examiner/coroner data** |

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|  | **OPTIONAL SUDORS ENHANCEMENT:****DOES YOUR JURISDICTION AGREE TO COLLABORATE WITH ME/CS OR A FEW HIGH BURDEN AREAS TO COLLECT PRELIMINARY RAPID COUNT DATA ON SUSPECTED OPIOID OVERDOSE DEATHS (IE. OVERDOSE DEATHS SUSPECTED TO INVOLVE OPIOID(S) BEFORE RECEIPT OF FORENSIC TOXICOLOGY DATA) WITHIN A MONTH OF DEATH, AND PREFERABLY FASTER?**Click or tap here to enter text. |
| **OBJECTIVE****(pre-populated from workplan)** |
| **MAJOR ACTIVITY****(pre-populated from workplan)** |
| **OBJECTIVE DESCRIPTION****(pre-populated from workplan)** |
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|  | **Add additional activities as necessary** |

## **Strategy 3**

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| **Year 2 Annual Progress Report** |
| **Surveillance (required)** |
| **3 Implement innovative surveillance to support NOFO interventions** |

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| --- | --- |
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| **CHALLENGES (6000-CHARACTER MAX)***Describe any**CHALLENGES that have affected your jurisdiction’s ability to achieve annual and project-period outcomes for this activity. CHALLENGES may include impacts of the COVID-19 Public Health Emergency, hiring abilities, competing priorities, etc.*Click or tap here to enter text. |
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| **WHAT STEPS WERE TAKEN TO ENGAGE EACH TARGET POPULATION? (6000-CHARACTER MAX)***This field should describe how you have engaged your target populations (mentioned above) in this activity.*Click or tap here to enter text. |
| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
| **REPORT PROGRESS ON THE OUTPUT INCLUDING ADDITIONALOUTPUTS THAT MAY HAVE BEEN GENERATED BY THIS ACTIVITY (6000-CHARACTER MAX)***This field should outline the progress on each output indicated in your workplan and discuss any deliverables (products or services) created from the activity. Provide concrete examples; include plans for translation and dissemination.*Click or tap here to enter text. |
|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.* |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #2:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #3 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
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|  | **ACTIVITY #4:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
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| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
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|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.* |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #5 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe progress that has occurred to date for this activity. Include successes here; include where is the activity to date*Click or tap here to enter text. |
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| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
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|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.* |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **Add additional activities as necessary**  |

## **Strategy 4 (Base)**

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| **Year 2 Annual Progress Report** |
| **Prevention** |
| **4 Base Prescription Drug Monitoring Programs (PDMPs)** |

|  |  |
| --- | --- |
| **Summary** | **BRIEFLY DESCRIBE PROGRESS TO DATE ON THIS STRATEGY AND WHAT FACTORS HAVE FACILITATED YOUR PROGRESS. (6000-CHARACTER MAX)***This field should describe the factors that you have in place to ensure the Strategy activities will be successful. It should also describe what aspects facilitated your success.*Click or tap here to enter text. |
| **BRIEFLY DESCRIBE HOW YOUR JURISDICTION OVERCAME PROGRAMMATIC CHALLENGES/BARRIERS IMPLEMENTING THIS STRATEGY (EG. BUDGETARY, POLITICAL, ETC) (6000-CHARACTER MAX)***This field should describe overall CHALLENGES or barriers that your program has faced to implement activities in this strategy. Note: You will be able to add information about specific CHALLENGES for each activity below)*Click or tap here to enter text. |
| **PROVIDE EXAMPLES OF HOW THE FINDINGS OF THE ACTIVITY WERE DISSEMINATED? (6000-CHARACTER MAX)***This field should describe what if any, lessons were learned implementing this activity? Describe implementation lessons learned here (e.g., information others might want to know when implementing a similar activity in their jurisdiction) Was information from this activity disseminated into products? Were resources developed, papers?* *What are some lessons learned (at the strategy level) and what are you going to do with these lessons that you learned? What are some lessons learned and what are some changes that you plan to make based on the lessons learned?*Click or tap here to enter text. |
| **OBJECTIVE****(pre-populated from workplan)** |
| **MAJOR ACTIVITY****(pre-populated from workplan)** |
| **OBJECTIVE DESCRIPTION****(pre-populated from workplan)** |
| **OUTCOMES** **(pre-populated from workplan)****SHORT-TERM****INTERMEDIATE****LONG-TERM** |
| **BARRIERS TO REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
| **FACILITATORS FOR REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
|  | **OBJECTIVE ACTIVITIES** |
|  | **ACTIVITY #1:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #2:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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|  | **ACTIVITY #3 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
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| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
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|  | **ACTIVITY #5 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **Add additional activities as necessary**  |

## **Strategy** **4 Enhanced**

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| **Year 2 Annual Progress Report** |
| **Prevention** |
| **4 Enhanced Prescription Drug Monitoring Programs Funding Activities** |

|  |  |
| --- | --- |
| **Summary** | **BRIEFLY DESCRIBE PROGRESS TO DATE ON THIS STRATEGY AND WHAT FACTORS HAVE FACILITATED YOUR PROGRESS. (6000-CHARACTER MAX)***This field should describe the factors that you have in place to ensure the Strategy activities will be successful. It should also describe what aspects facilitated your success.*Click or tap here to enter text. |
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| **MAJOR ACTIVITY****(pre-populated from workplan)** |
| **OBJECTIVE DESCRIPTION****(pre-populated from workplan)** |
| **OUTCOMES** **(pre-populated from workplan)****SHORT-TERM****INTERMEDIATE****LONG-TERM** |
| **BARRIERS TO REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
| **FACILITATORS FOR REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
|  | **OBJECTIVE ACTIVITIES** |
|  | **ACTIVITY #1:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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|  | **ACTIVITY #2:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
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| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #3 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe progress that has occurred to date for this activity. Include successes here; include where is the activity to date*Click or tap here to enter text. |
| **CHALLENGES (6000-CHARACTER MAX)***Describe any**CHALLENGES that have affected your jurisdiction’s ability to achieve annual and project-period outcomes for this activity. CHALLENGES may include impacts of the COVID-19 Public Health Emergency, hiring abilities, competing priorities, etc.*Click or tap here to enter text. |
| **TARGET POPULATION** **(pre-populated from the workplan)** |
| **WHAT STEPS WERE TAKEN TO ENGAGE EACH TARGET POPULATION? (6000-CHARACTER MAX)***This field should describe how you have engaged your target populations (mentioned above) in this activity.*Click or tap here to enter text. |
| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
| **REPORT PROGRESS ON THE OUTPUT INCLUDING ADDITIONAL OUTPUTS THAT MAY HAVE BEEN GENERATED BY THIS ACTIVITY (6000-CHARACTER MAX)***This field should outline the progress on each output indicated in your workplan and discuss any deliverables (products or services) created from the activity.* *Provide concrete examples; include plans for translation and dissemination.*Click or tap here to enter text. |
|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.* |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #4:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe progress that has occurred to date for this activity. Include successes here; include where is the activity to date*Click or tap here to enter text. |
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| **WHAT STEPS WERE TAKEN TO ENGAGE EACH TARGET POPULATION? (6000-CHARACTER MAX)***This field should describe how you have engaged your target populations (mentioned above) in this activity.*Click or tap here to enter text. |
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| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
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|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.* |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #5 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe progress that has occurred to date for this activity. Include successes here; include where is the activity to date*Click or tap here to enter text. |
| **CHALLENGES (6000-CHARACTER MAX)***Describe any**CHALLENGES that have affected your jurisdiction’s ability to achieve annual and project-period outcomes for this activity. CHALLENGES may include impacts of the COVID-19 Public Health Emergency, hiring abilities, competing priorities, etc.*Click or tap here to enter text. |
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|  |
| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
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|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.* |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **Add additional activities as necessary**  |

## **Strategy 5**

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| --- |
| **Year 2 Annual Progress Report** |
| **Prevention** |
| **5 Integration of State and Local Prevention and Response Efforts** |

|  |  |
| --- | --- |
| **Summary** | **BRIEFLY DESCRIBE PROGRESS TO DATE ON THIS STRATEGY AND WHAT FACTORS HAVE FACILITATED YOUR PROGRESS. (6000-CHARACTER MAX)***This field should describe the factors that you have in place to ensure the Strategy activities will be successful. It should also describe what aspects facilitated your success.*Click or tap here to enter text. |
| **BRIEFLY DESCRIBE HOW YOUR JURISDICTION OVERCAME PROGRAMMATIC CHALLENGES/BARRIERS IMPLEMENTING THIS STRATEGY (EG. BUDGETARY, POLITICAL, ETC) (6000-CHARACTER MAX)***This field should describe overall CHALLENGES or barriers that your program has faced to implement activities in this strategy. Note: You will be able to add information about specific CHALLENGES for each activity below)*Click or tap here to enter text. |
| **PROVIDE EXAMPLES OF HOW THE FINDINGS OF THE ACTIVITY WERE DISSEMINATED? (6000-CHARACTER MAX)***This field should describe what if any, lessons were learned implementing this activity? Describe implementation lessons learned here (e.g., information others might want to know when implementing a similar activity in their jurisdiction) Was information from this activity disseminated into products? Were resources developed, papers?* *What are some lessons learned (at the strategy level) and what are you going to do with these lessons that you learned? What are some lessons learned and what are some changes that you plan to make based on the lessons learned?*Click or tap here to enter text. |
| **OBJECTIVE****(pre-populated from workplan)** |
| **MAJOR ACTIVITY****(pre-populated from workplan)** |
| **OBJECTIVE DESCRIPTION****(pre-populated from workplan)** |
| **OUTCOMES** **(pre-populated from workplan)****SHORT-TERM****INTERMEDIATE****LONG-TERM** |
| **BARRIERS TO REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
| **FACILITATORS FOR REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
|  | **OBJECTIVE ACTIVITIES** |
|  | **ACTIVITY #1:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe your progress to date for the activity and describe any successes that have occurred for the activity. Include successes here; include where is the activity to date.*Click or tap here to enter text. |
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| **WHAT STEPS WERE TAKEN TO ENGAGE EACH TARGET POPULATION? (6000-CHARACTER MAX)***This field should describe how you have engaged your target populations (mentioned above) in this activity.*Click or tap here to enter text. |
| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
| **REPORT PROGRESS ON THE OUTPUT INCLUDING ADDITIONALOUTPUTS THAT MAY HAVE BEEN GENERATED BY THIS ACTIVITY (6000-CHARACTER MAX)***This field should outline the progress on each output indicated in your workplan and discuss any deliverables (products or services) created from the activity. Provide concrete examples; include plans for translation and dissemination.*Click or tap here to enter text. |
|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.*  |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #2:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #3 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
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|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.* |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #4:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #5 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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|  |
| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **Add additional activities as necessary**  |

## **Strategy 6**

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| **Year 2 Annual Progress Report** |
| **Prevention** |
| **6 Establishing Linkages to Care** |

|  |  |
| --- | --- |
| **Summary** | **BRIEFLY DESCRIBE PROGRESS TO DATE ON THIS STRATEGY AND WHAT FACTORS HAVE FACILITATED YOUR PROGRESS. (6000-CHARACTER MAX)***This field should describe the factors that you have in place to ensure the Strategy activities will be successful. It should also describe what aspects facilitated your success.*Click or tap here to enter text. |
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| **OBJECTIVE****(pre-populated from workplan)** |
| **MAJOR ACTIVITY****(pre-populated from workplan)** |
| **OBJECTIVE DESCRIPTION****(pre-populated from workplan)** |
| **OUTCOMES** **(pre-populated from workplan)****SHORT-TERM****INTERMEDIATE****LONG-TERM** |
| **BARRIERS TO REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
| **FACILITATORS FOR REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
|  | **OBJECTIVE ACTIVITIES** |
|  | **ACTIVITY #1:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe your progress to date for the activity and describe any successes that have occurred for the activity. Include successes here; include where is the activity to date.*Click or tap here to enter text. |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #2:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #3 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
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|  | **ACTIVITY #4:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
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| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.* |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #5 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe progress that has occurred to date for this activity. Include successes here; include where is the activity to date*Click or tap here to enter text. |
| **CHALLENGES (6000-CHARACTER MAX)***Describe any**CHALLENGES that have affected your jurisdiction’s ability to achieve annual and project-period outcomes for this activity. CHALLENGES may include impacts of the COVID-19 Public Health Emergency, hiring abilities, competing priorities, etc.*Click or tap here to enter text. |
| **TARGET POPULATION** **(pre-populated from the workplan)** |
| **WHAT STEPS WERE TAKEN TO ENGAGE EACH TARGET POPULATION? (6000-CHARACTER MAX)***This field should describe how you have engaged your target populations (mentioned above) in this activity.*Click or tap here to enter text. |
|  |
| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
| **REPORT PROGRESS ON THE OUTPUT INCLUDING ADDITIONAL OUTPUTS THAT MAY HAVE BEEN GENERATED BY THIS ACTIVITY (6000-CHARACTER MAX)***This field should outline the progress on each output indicated in your workplan and discuss any deliverables (products or services) created from the activity.* *Provide concrete examples; include plans for translation and dissemination.*Click or tap here to enter text. |
|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.* |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **Add additional activities as necessary**  |

## **Strategy 7**

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| --- |
| **Year 2 Annual Progress Report** |
| **Prevention** |
| **7 Providers and Health Systems Support** |

|  |  |
| --- | --- |
| **Summary** | **BRIEFLY DESCRIBE PROGRESS TO DATE ON THIS STRATEGY AND WHAT FACTORS HAVE FACILITATED YOUR PROGRESS. (6000-CHARACTER MAX)***This field should describe the factors that you have in place to ensure the Strategy activities will be successful. It should also describe what aspects facilitated your success.*Click or tap here to enter text. |
| **BRIEFLY DESCRIBE HOW YOUR JURISDICTION OVERCAME PROGRAMMATIC CHALLENGES/BARRIERS IMPLEMENTING THIS STRATEGY (EG. BUDGETARY, POLITICAL, ETC) (6000-CHARACTER MAX)***This field should describe overall CHALLENGES or barriers that your program has faced to implement activities in this strategy. Note: You will be able to add information about specific CHALLENGES for each activity below)*Click or tap here to enter text. |
| **PROVIDE EXAMPLES OF HOW THE FINDINGS OF THE ACTIVITY WERE DISSEMINATED? (6000-CHARACTER MAX)***This field should describe what if any, lessons were learned implementing this activity? Describe implementation lessons learned here (e.g., information others might want to know when implementing a similar activity in their jurisdiction) Was information from this activity disseminated into products? Were resources developed, papers?* *What are some lessons learned (at the strategy level) and what are you going to do with these lessons that you learned? What are some lessons learned and what are some changes that you plan to make based on the lessons learned?*Click or tap here to enter text. |
| **OBJECTIVE****(pre-populated from workplan)** |
| **MAJOR ACTIVITY****(pre-populated from workplan)** |
| **OBJECTIVE DESCRIPTION****(pre-populated from workplan)** |
| **OUTCOMES** **(pre-populated from workplan)****SHORT-TERM****INTERMEDIATE****LONG-TERM** |
| **BARRIERS TO REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
| **FACILITATORS FOR REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
|  | **OBJECTIVE ACTIVITIES** |
|  | **ACTIVITY #1:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe your progress to date for the activity and describe any successes that have occurred for the activity. Include successes here; include where is the activity to date.*Click or tap here to enter text. |
| **CHALLENGES (6000-CHARACTER MAX)***Describe any**CHALLENGES that have affected your jurisdiction’s ability to achieve annual and project-period outcomes for this activity. CHALLENGES may include impacts of the COVID-19 Public Health Emergency, hiring abilities, competing priorities, etc.*Click or tap here to enter text. |
| **TARGET POPULATION** **(pre-populated from the workplan)** |
| **WHAT STEPS WERE TAKEN TO ENGAGE EACH TARGET POPULATION? (6000-CHARACTER MAX)***This field should describe how you have engaged your target populations (mentioned above) in this activity.*Click or tap here to enter text. |
| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
| **REPORT PROGRESS ON THE OUTPUT INCLUDING ADDITIONALOUTPUTS THAT MAY HAVE BEEN GENERATED BY THIS ACTIVITY (6000-CHARACTER MAX)***This field should outline the progress on each output indicated in your workplan and discuss any deliverables (products or services) created from the activity. Provide concrete examples; include plans for translation and dissemination.*Click or tap here to enter text. |
|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.*  |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #2:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe any progress that has occurred to date for the activity.* *Include successes here; include where is the activity to date*Click or tap here to enter text. |
| **CHALLENGES (6000-CHARACTER MAX)***Describe any**CHALLENGES that have affected your jurisdiction’s ability to achieve annual and project-period outcomes for this activity. CHALLENGES may include impacts of the COVID-19 Public Health Emergency, hiring abilities, competing priorities, etc.*Click or tap here to enter text. |
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| **WHAT STEPS WERE TAKEN TO ENGAGE EACH TARGET POPULATION? (6000-CHARACTER MAX)***This field should describe how you have engaged your target populations (mentioned above) in this activity.*Click or tap here to enter text. |
| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
| **REPORT PROGRESS ON THE OUTPUT INCLUDING ADDITIONAL OUTPUTS THAT MAY HAVE BEEN GENERATED BY THIS ACTIVITY (6000-CHARACTER MAX)***This field should outline the progress on each output indicated in your workplan and discuss any deliverables (products or services) created from the activity. Provide concrete examples; include plans for translation and dissemination.*Click or tap here to enter text. |
|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.*  |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #3 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe progress that has occurred to date for this activity. Include successes here; include where is the activity to date*Click or tap here to enter text. |
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| **WHAT STEPS WERE TAKEN TO ENGAGE EACH TARGET POPULATION? (6000-CHARACTER MAX)***This field should describe how you have engaged your target populations (mentioned above) in this activity.*Click or tap here to enter text. |
| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
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|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.* |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #4:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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| **WHAT STEPS WERE TAKEN TO ENGAGE EACH TARGET POPULATION? (6000-CHARACTER MAX)***This field should describe how you have engaged your target populations (mentioned above) in this activity.*Click or tap here to enter text. |
| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
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|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.* |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #5 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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|  |
| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **Add additional activities as necessary**  |

## **Strategy 8**

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| **Year 2 Annual Progress Report** |
| **Prevention (Optional)** |
| **8 Partnerships with Public Safety and First Responders** |

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| --- | --- |
| **Summary** | **BRIEFLY DESCRIBE PROGRESS TO DATE ON THIS STRATEGY AND WHAT FACTORS HAVE FACILITATED YOUR PROGRESS. (6000-CHARACTER MAX)***This field should describe the factors that you have in place to ensure the Strategy activities will be successful. It should also describe what aspects facilitated your success.*Click or tap here to enter text. |
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| **OBJECTIVE****(pre-populated from workplan)** |
| **MAJOR ACTIVITY****(pre-populated from workplan)** |
| **OBJECTIVE DESCRIPTION****(pre-populated from workplan)** |
| **OUTCOMES** **(pre-populated from workplan)****SHORT-TERM****INTERMEDIATE****LONG-TERM** |
| **BARRIERS TO REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
| **FACILITATORS FOR REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
|  | **OBJECTIVE ACTIVITIES** |
|  | **ACTIVITY #1:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe your progress to date for the activity and describe any successes that have occurred for the activity. Include successes here; include where is the activity to date.*Click or tap here to enter text. |
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| **TARGET POPULATION** **(pre-populated from the workplan)** |
| **WHAT STEPS WERE TAKEN TO ENGAGE EACH TARGET POPULATION? (6000-CHARACTER MAX)***This field should describe how you have engaged your target populations (mentioned above) in this activity.*Click or tap here to enter text. |
| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
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|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.*  |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #2:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe any progress that has occurred to date for the activity.* *Include successes here; include where is the activity to date*Click or tap here to enter text. |
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| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
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|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.*  |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #3 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe progress that has occurred to date for this activity. Include successes here; include where is the activity to date*Click or tap here to enter text. |
| **CHALLENGES (6000-CHARACTER MAX)***Describe any**CHALLENGES that have affected your jurisdiction’s ability to achieve annual and project-period outcomes for this activity. CHALLENGES may include impacts of the COVID-19 Public Health Emergency, hiring abilities, competing priorities, etc.*Click or tap here to enter text. |
| **TARGET POPULATION** **(pre-populated from the workplan)** |
| **WHAT STEPS WERE TAKEN TO ENGAGE EACH TARGET POPULATION? (6000-CHARACTER MAX)***This field should describe how you have engaged your target populations (mentioned above) in this activity.*Click or tap here to enter text. |
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| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #4:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
| **REPORT PROGRESS ON THE OUTPUT INCLUDING ADDITIONAL OUTPUTS THAT MAY HAVE BEEN GENERATED BY THIS ACTIVITY (6000-CHARACTER MAX)***This field should outline the progress on each output indicated in your workplan and discuss any deliverables (products or services) created from the activity.* *Provide concrete examples; include plans for translation and dissemination.*Click or tap here to enter text. |
|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.* |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #5 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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| **WHAT STEPS WERE TAKEN TO ENGAGE EACH TARGET POPULATION? (6000-CHARACTER MAX)***This field should describe how you have engaged your target populations (mentioned above) in this activity.*Click or tap here to enter text. |
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| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **Add additional activities as necessary**  |

## **Strategy 9**

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| **Year 2 Annual Progress Report** |
| **Prevention (Optional)** |
| **9 Empowering Individuals to Make Safer Choices** |

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| --- | --- |
| **Summary** | **BRIEFLY DESCRIBE PROGRESS TO DATE ON THIS STRATEGY AND WHAT FACTORS HAVE FACILITATED YOUR PROGRESS. (6000-CHARACTER MAX)***This field should describe the factors that you have in place to ensure the Strategy activities will be successful. It should also describe what aspects facilitated your success.*Click or tap here to enter text. |
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| **PROVIDE EXAMPLES OF HOW THE FINDINGS OF THE ACTIVITY WERE DISSEMINATED? (6000-CHARACTER MAX)***This field should describe what if any, lessons were learned implementing this activity? Describe implementation lessons learned here (e.g., information others might want to know when implementing a similar activity in their jurisdiction) Was information from this activity disseminated into products? Were resources developed, papers?* *What are some lessons learned (at the strategy level) and what are you going to do with these lessons that you learned? What are some lessons learned and what are some changes that you plan to make based on the lessons learned?*Click or tap here to enter text. |
| **OBJECTIVE****(pre-populated from workplan)** |
| **MAJOR ACTIVITY****(pre-populated from workplan)** |
| **OBJECTIVE DESCRIPTION****(pre-populated from workplan)** |
| **OUTCOMES** **(pre-populated from workplan)****SHORT-TERM****INTERMEDIATE****LONG-TERM** |
| **BARRIERS TO REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
| **FACILITATORS FOR REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
|  | **OBJECTIVE ACTIVITIES** |
|  | **ACTIVITY #1:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe your progress to date for the activity and describe any successes that have occurred for the activity. Include successes here; include where is the activity to date.*Click or tap here to enter text. |
| **CHALLENGES (6000-CHARACTER MAX)***Describe any**CHALLENGES that have affected your jurisdiction’s ability to achieve annual and project-period outcomes for this activity. CHALLENGES may include impacts of the COVID-19 Public Health Emergency, hiring abilities, competing priorities, etc.*Click or tap here to enter text. |
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| **WHAT STEPS WERE TAKEN TO ENGAGE EACH TARGET POPULATION? (6000-CHARACTER MAX)***This field should describe how you have engaged your target populations (mentioned above) in this activity.*Click or tap here to enter text. |
| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
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|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.*  |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #2:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #3 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #4:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #5 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **Add additional activities as necessary**  |

## **Strategy 10**

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| **Year 2 Annual Progress Report** |
| **Prevention (Optional)** |
| **10 Prevention Innovation Projects** |

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| --- | --- |
| **Summary** | **BRIEFLY DESCRIBE PROGRESS TO DATE ON THIS STRATEGY AND WHAT FACTORS HAVE FACILITATED YOUR PROGRESS. (6000-CHARACTER MAX)***This field should describe the factors that you have in place to ensure the Strategy activities will be successful. It should also describe what aspects facilitated your success.*Click or tap here to enter text. |
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| **OBJECTIVE DESCRIPTION****(pre-populated from workplan)** |
| **OUTCOMES** **(pre-populated from workplan)****SHORT-TERM****INTERMEDIATE****LONG-TERM** |
| **BARRIERS TO REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
| **FACILITATORS FOR REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
|  | **OBJECTIVE ACTIVITIES** |
|  | **ACTIVITY #1:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #2:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
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|  | **ACTIVITY #3 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
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|  | **ACTIVITY #5 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
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|  | **Add additional activities as necessary**  |

## **Peer to Peer Learning Coordinators**

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| **Year 2 Annual Progress Report** |
| **Prevention (Optional)** |
| **Peer to Peer Learning Coordinators** |

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| --- | --- |
| **Summary** | **BRIEFLY DESCRIBE PROGRESS TO DATE ON THIS STRATEGY AND WHAT FACTORS HAVE FACILITATED YOUR PROGRESS. (6000-CHARACTER MAX)***This field should describe the factors that you have in place to ensure the Strategy activities will be successful. It should also describe what aspects facilitated your success.*Click or tap here to enter text. |
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| **MAJOR ACTIVITY****(pre-populated from workplan)** |
| **OBJECTIVE DESCRIPTION****(pre-populated from workplan)** |
| **OUTCOMES** **(pre-populated from workplan)****SHORT-TERM****INTERMEDIATE****LONG-TERM** |
| **BARRIERS TO REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
| **FACILITATORS FOR REACHING THIS OBJECTIVE** **(pre-populated from the workplan)** |
|  | **OBJECTIVE ACTIVITIES** |
|  | **ACTIVITY #1:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
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|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #2:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe any progress that has occurred to date for the activity.* *Include successes here; include where is the activity to date*Click or tap here to enter text. |
| **CHALLENGES (6000-CHARACTER MAX)***Describe any**CHALLENGES that have affected your jurisdiction’s ability to achieve annual and project-period outcomes for this activity. CHALLENGES may include impacts of the COVID-19 Public Health Emergency, hiring abilities, competing priorities, etc.*Click or tap here to enter text. |
| **TARGET POPULATION** **(pre-populated from the workplan)** |
| **WHAT STEPS WERE TAKEN TO ENGAGE EACH TARGET POPULATION? (6000-CHARACTER MAX)***This field should describe how you have engaged your target populations (mentioned above) in this activity.*Click or tap here to enter text. |
| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
| **REPORT PROGRESS ON THE OUTPUT INCLUDING ADDITIONAL OUTPUTS THAT MAY HAVE BEEN GENERATED BY THIS ACTIVITY (6000-CHARACTER MAX)***This field should outline the progress on each output indicated in your workplan and discuss any deliverables (products or services) created from the activity. Provide concrete examples; include plans for translation and dissemination.*Click or tap here to enter text. |
|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.*  |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #3 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe progress that has occurred to date for this activity. Include successes here; include where is the activity to date*Click or tap here to enter text. |
| **CHALLENGES (6000-CHARACTER MAX)***Describe any**CHALLENGES that have affected your jurisdiction’s ability to achieve annual and project-period outcomes for this activity. CHALLENGES may include impacts of the COVID-19 Public Health Emergency, hiring abilities, competing priorities, etc.*Click or tap here to enter text. |
| **TARGET POPULATION** **(pre-populated from the workplan)** |
| **WHAT STEPS WERE TAKEN TO ENGAGE EACH TARGET POPULATION? (6000-CHARACTER MAX)***This field should describe how you have engaged your target populations (mentioned above) in this activity.*Click or tap here to enter text. |
| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
| **REPORT PROGRESS ON THE OUTPUT INCLUDING ADDITIONAL OUTPUTS THAT MAY HAVE BEEN GENERATED BY THIS ACTIVITY (6000-CHARACTER MAX)***This field should outline the progress on each output indicated in your workplan and discuss any deliverables (products or services) created from the activity.* *Provide concrete examples; include plans for translation and dissemination.*Click or tap here to enter text. |
|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.* |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #4:****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe progress that has occurred to date for this activity. Include successes here; include where is the activity to date*Click or tap here to enter text. |
| **CHALLENGES (6000-CHARACTER MAX)***Describe any**CHALLENGES that have affected your jurisdiction’s ability to achieve annual and project-period outcomes for this activity. CHALLENGES may include impacts of the COVID-19 Public Health Emergency, hiring abilities, competing priorities, etc.*Click or tap here to enter text. |
| **TARGET POPULATION** **(pre-populated from the workplan)** |
| **WHAT STEPS WERE TAKEN TO ENGAGE EACH TARGET POPULATION? (6000-CHARACTER MAX)***This field should describe how you have engaged your target populations (mentioned above) in this activity.*Click or tap here to enter text. |
| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
| **REPORT PROGRESS ON THE OUTPUT INCLUDING ADDITIONAL OUTPUTS THAT MAY HAVE BEEN GENERATED BY THIS ACTIVITY (6000-CHARACTER MAX)***This field should outline the progress on each output indicated in your workplan and discuss any deliverables (products or services) created from the activity.* *Provide concrete examples; include plans for translation and dissemination.*Click or tap here to enter text. |
|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.* |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **ACTIVITY #5 :****(pre-populated from the workplan)** |
| **ACTIVITY DESCRIPTION:****(pre-populated from the workplan)** |
| **TIMELINE FOR COMPLETION:**  |
| **START DATE** **(pre-populated from the workplan)** |  **END DATE****(pre-populated from the workplan)** | **COMPLETION STATUS** *This field should reflect the status of the activity at the time of reporting*Choose an item. |
| **DESCRIBE YOUR PROGRESS TO DATE FOR THIS ACTIVITY: (6000-CHARACTER MAX)***This field should describe progress that has occurred to date for this activity. Include successes here; include where is the activity to date*Click or tap here to enter text. |
| **CHALLENGES (6000-CHARACTER MAX)***Describe any**CHALLENGES that have affected your jurisdiction’s ability to achieve annual and project-period outcomes for this activity. CHALLENGES may include impacts of the COVID-19 Public Health Emergency, hiring abilities, competing priorities, etc.*Click or tap here to enter text. |
| **TARGET POPULATION** **(pre-populated from the workplan)** |
| **WHAT STEPS WERE TAKEN TO ENGAGE EACH TARGET POPULATION? (6000-CHARACTER MAX)***This field should describe how you have engaged your target populations (mentioned above) in this activity.*Click or tap here to enter text. |
|  |
| **MULTI SECTOR COLLABORATION:****(pre-populated from the workplan)** |
| **STAFF AND ADMINISTRATIVE ROLES AND FUNCTIONS TO SUPPORT THE ACTIVITY INCLUDING EVALUATION FUNCTIONS** **(pre-populated from the workplan)** |
| **REPORT PROGRESS ON THE OUTPUT INCLUDING ADDITIONAL OUTPUTS THAT MAY HAVE BEEN GENERATED BY THIS ACTIVITY (6000-CHARACTER MAX)***This field should outline the progress on each output indicated in your workplan and discuss any deliverables (products or services) created from the activity.* *Provide concrete examples; include plans for translation and dissemination.*Click or tap here to enter text. |
|  | **Technical Assistance Need (6000 CHARACTER MAX)***This field should describe what CDC can do to help you with your activity.* |
|  | **DO YOU WANT TO ADD THIS ACTIVITY TO NEXT YEAR’S WORK PLAN?**[ ]  **YES** [ ]  **NO** |
|  | **Add additional activities as necessary**  |