# **Attachment G: Annual Progress Report Worksheet**

## Instructions: Complete this form for each program listed in the work plan.

## *Note: fields in gray that include the note [Auto-populated from...] will be automatically filled in based on the information in the work plan.*

### Program Report Table

1. Program Name: [Auto-populated from Program Information Data Table > Program Name]
2. Recipient Name: [Auto-populated from Program Information Data Table > Recipient Name]
3. Work Plan Name: [Auto-populated from Program Information Data Table > Work Plan Name]
4. Program Strategy: [Auto-populated from Program Strategy > Summary of Program Strategy]
5. Primary Strategic Partners: [Auto-populated from Program Strategy > Primary Strategic Partners]
6. Program Fiscal Year: [Auto-populated from Program Information Data Table > Fiscal Year]
7. Program Goal: [Auto-populated from Program Strategy > Program Goal]
8. Did you use PHHS Block Grant funding to gain additional support for this program during this federal fiscal year? \**Choose one*
   * Yes
   * No
9. If you used PHHS Block Grant funding to gain additional support for this program during this federal fiscal year, what best describes the additional support you received? *\*Select all that apply*
   * The Block Grant provided seed funding (e.g., to do a pilot of a promising program)
   * We blended Block Grant funding with funding from other sources
   * Block Grant funding enabled us to receive matching funds from another source
   * We received in-kind support from another source (e.g., resources, staffing)
   * We gained increased buy-in or leadership support for the program
   * Block Grant funds were leveraged with resources from other organizations to contribute to jurisdiction-wide priority
   * Other, please specify [Short Text]
10. Did you provide support (monetary or non-monetary) to any local agencies or organizations?
    1. No
    2. Yes, monetary support
    3. Yes, non-monetary support
    4. Yes, both monetary and non-monetary support
11. Would you like to highlight this program as a success story? *\*Choose One*
    1. Yes
    2. No
12. (Required if you answered Yes to Q1) Please describe why you chose to highlight this program: [Short Text]
13. Were there any products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money? [Yes/No]
    1. Yes
    2. No
14. Please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products: [Short Text]

### Key Challenges

1. What were the key challenges or barriers to success that you experienced to date in this program this year? [Text]
2. What strategies did you use to address those challenges or barriers? [Text]
3. If you used innovative approaches/promising practices in this program, did they meet your criteria for success? *\*Choose one*
   * Yes
   * No
   * Did Not Use Innovative/Promising Practices
4. What did you learn about the innovative approaches or promising practices you used? Please enter N/A if you selected "Did not use Innovative/Promising Practice": [Text]
5. (*Required Final APR*) Did you share your findings from the promising practice used? [Yes/No]
6. (Required if you answered Yes to Q19) Please provide links or citations. [Short Text]
7. *Final APR Partners:* Has the partner information changed? \**Choose One*
   1. Yes
   2. No
8. **(IF YES)**: CREATE either new Monetary or Non-Monetary Partner
9. Monetary Partner
   1. Program Name: [use search lookup tool]
   2. Monetary Partner Name
   3. Partner Type \**choose one*
      * Local Health Department
      * Tribal Health Department/Agency
      * Other Local Government
      * Local Organization
      * Other: Please specify [text]
   4. Type of Funding Mechanism Used \**choose one*
      * Grant
      * Contract
      * Other: Please Specify [Text]
   5. Funded Amount (please enter number amount without dollar signs)
   6. Purpose of Funds (e.g. to host an event, given as a grant, etc.) [Text]
10. Non-Monetary Partner
    1. Program Name: [use search lookup tool]
    2. Non-Monetary Partner Name
    3. Partner Type \**choose one*
       * Local Health Department
       * Tribal Health Department/Agency
       * Other Local Government
       * Local Organization
       * Other, please specify [Short Text]
    4. Type of Support (please select all that apply):
       * Technical Assistance
       * Training
       * Resources/Job Aids
       * Other: Please specify [text]

### Local Support

1. (If answer to question 21 was “Yes, monetary support” or “Yes, both monetary and non-monetary support” answer this question, otherwise skip) Please list the local agencies/organizations you provided with MONETARY support. [First line on table will appear by default and be followed by a button/option to Add Another] [They will complete the following questions for each partner]
   1. Program Name [use search module to select from list of programs]
   2. Monetary Partner Name: [Short Text]
   3. Partner Type: *\*choose one*
      * Local Health Department
      * Tribal Health Department/Agency
      * Other Local Government
      * Local Organization
      * Other, please specify [Short Text]
   4. Type of Funding Mechanism Used:

* Grant
* Contract
* Other, please specify [Short Text]
  1. Funded Amount: [Text]
  2. Purpose of Funds (e.g. to host an event, given as a grant): [Short Text]

1. Please list the local agencies/organizations you provided with NON-MONETARY support [First line on table will appear by default and be followed by a button/option to Add Another] [They will complete the following questions for each partner]
   1. Program Name [use search module to select from list of programs]
   2. Partner Name: [Short Text]
   3. Partner Type: *\*choose one*
      * Local Health Department
      * Tribal Health Department/Agency
      * Other Local Government
      * Local Organization
      * Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_
   4. Type of Support *\*Select all that apply*
      * Technical Assistance
      * Training
      * Resources/Job Aids
      * Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_

### Objectives and Activities Report Table

1. Program SMART Objective Name: [Auto-populated from Objectives & Activities > Objective Information > Program SMART Objective Name]
2. Program SMART Objective: [Auto-populated from Objectives & Activities > Objective Information> Program SMART Objective]
3. Baseline: [Auto-populated from Objectives & Activities > Objective Information> baseline value]
4. Interim Target: [Auto-populated from Objectives & Activities > Objective Information, in the format: Your interim target was [Interim Target Value] [unit of measurement] [item to be measured]]
5. Achieved so Far: [Number]
6. Met/Not Met: *\*Choose one*
7. (Optional) If interim target was not met, enter amount below target. [number]
8. If interim target was not met, what are the key factors that contributed to the target not being met? [Text]
9. If the interim target was not met, what are you planning to do to get the program back on target to meet your final target? [Text]
10. One-sentence summary of results towards this Program SMART Objective: [Short Text]

36. One-paragraph description of results towards this Program SMART Objective: [Short Text]

(If report type is **Final Progress Report** – answer this set of questions)

1. Final Target: [Auto-populated from Objectives & Activities > Objective Information, in the format: Your final target was [final Target Value] [unit of measurement]s [item to be measured]]
2. Achieved: [Number]
3. Met/Not Met: [Auto-populated based on the number entered]
4. Distance from Target: [Auto-populated, calculated in system]
5. (IF NOT MET) What are the key factors that contributed to the target not being met? [Text]
6. (IF NOT MET) What are you planning to do to address these factors in the future? [Text]
7. If the target was not met by Interim APR, what did you do to get the program back on track? (if not applicable, enter N/A): [Text]
8. One-sentence summary of results towards this Program SMART Objective: [Short Text]
9. One-paragraph description of results towards this Program SMART Objective: [Short Text]

### Activities

1. Activity: [Auto-populated from Objectives & Activities > Activity Information> Activity Name]
2. Program Name: [use search lookup tool]
3. Status: *\*Choose one*
   * Met
   * Not Met
   * Canceled *\*If selected, answer follow-up that will pop-up*
4. Please provide a one-sentence explanation if cancelled: [Text]
5. Summary of Outcome: [Text]
6. Click *Save* in the blue box to close the activity. Complete all additional activities within the objective. Once all the activities have been completed, click *Submit* at the bottom of the objectives page to save your work and move on to the next objective. Complete steps 1-10 (above) for each objective.