

Attachment H: Annual Progress Report Screenshots

CDC

Centers for Disease Control and Prevention

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Recipient Information +

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Active Announcements +

December 2023

Year

Month

Week

PHHS Block Grant FY2022 Final APR Due 12/30/2023 by 11:59 PM EST

December 4, 2023 8:00 AM - December 30, 2023 11:59 PM

The FY22 final annual progress report (final APR) is due in GrantSolutions, as part of the closeout amendment, on 12/30/2023, before 11:59 PM Eastern Standard Time. After completing the report in BGIS, please request the export for submission with the closeout amendment in GrantSolutions (give 2 business days for request turnaround).

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

Block Grant Information System (BGIS)

BGIS Portal

The public reporting burden of this collection of information is estimated to average 11 hours per response, including 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, HS 21-8, Atlanta, Georgia 30333 ATTN: PRA (0820-0106)

OMB No. 0920-0106; Exp. 02/29/2024

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Support
Knowledge Base
Forums

APR

Work Plan Name

Program Fiscal Year

Apply

Program Name/Title	Work Plan Name	Recipient Name	Program Fiscal Year
Test - Test Bridges	WP-1090-2021	DPPS	2023
Eliminate TB (ETB)	WP-1071-2021	DPPS	2021
Develop Community Health Improvement Plans	WP-1071-2021	DPPS	2021
Childhood Oral Health	WP-1071-2021	DPPS	2021
Encouraging Physical Activity in Child Care Centers	WP-1071-2021	DPPS	2021
TEST 2022 Program 1	WP-1110-2022	DPPS	2022
Test WPF Program 1 1093	WP-1093-2021	DPPS	2021
Test WPF Program 2 1093	WP-1093-2021	DPPS	2021
Test PROGRAM - To Move Activity from Program 1 to Program 2_07/28/23_***	WP-1175-2023	DPPS	2023
Test__Coretta_7/28/23***	WP-1175-2023	DPPS	2023

Edit Progress Report

The following fields are from the Work Plan and are display-only.

Program Name/Title *

test

Recipient Name *

DPPS

Work Plan Name *

WP-1242-2023

Summary/Description of Program Strategy

test

List of Primary Strategic Partners *

test

Program Fiscal Year *

2024

Success Story

Q1 Would you like to highlight this program as a success story? *

(Required if you answered yes to Q1) Please describe why you chose to highlight this program

Q2 Were there any products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money? *

(Required if you said yes to Q2) Please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products:

Key Challenges

What were the key challenges or barriers to success that you experienced to date in this program this year? *

What strategies did you use to address those challenges or barriers? *

One sentence Program Cool.

List of Primary Strategic Partners *

test

Program Fiscal Year *

2024

One sentence Program Goal:

Click element to scroll through text: *

test

Block Grant Funding

Did you use PHHS Block Grant funding to gain additional support for this program during this federal fiscal year? *

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)

☒ No ☐ Yes

We blended Block Grant funding with funding from other sources

☒ No ☐ Yes

Block Grant funding enabled us to receive matching funds from another source

☒ No ☐ Yes

We received in-kind support from another source (e.g., resources, staffing)

☒ No ☐ Yes

We gained increased buy-in or leadership support for the program

☒ No ☐ Yes

Block Grant funds were leveraged with resources from other organizations

Block Grant funds were leveraged with resources from other organizations to contribute to jurisdiction-wide priority

☒ No ☐ Yes

Other

☒ No ☐ Yes

If other support received, please specify:

Support to Local Organizations

Did you provide support (monetary or non-monetary) to any local agencies or organizations? *

Key Challenges

What were the key challenges or barriers to success that you experienced to date in this program this year? *

What strategies did you use to address those challenges or barriers? *

If you used innovative approaches/promising practices in this program, did they meet your criteria for success? *

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"

(Optional) If Yes is selected to the previous question, how did you share your findings? Please provide links or citations.

(Optional) How did you share your findings? Please provide links or citations.

Monetary Partners

If you have a monetary partner, please list them one at a time using "Add Monetary Partner" button

Add Monetary Partner

Partner Name ↕

Program Name

Created On

There are no records to display.

Non-Monetary Partners

If you have a non-monetary partner, please list them one at a time using "Add Non-Monetary Partner" button

Add Non-Monetary Partner

Non-Monetary Partner Name ↕

Program Name

Created On

Support to

Did you provide support to a local agency or organization?

Monetary

If you have provided support to a local agency or organization, please provide details below.

Partner Name

There are no records to display.

Non-Monetary

If you have provided support to a local agency or organization, please provide details below.

Non-Monetary

There are no records to display.

Create

Monetary Partner Table

Please list the local agencies/organizations you provided with MONETARY support

Program Name

Monetary Partner Name *

Partner Type

If Other, Please Specify

Type of Funding Mechanism Used

If Other, Please Specify

Funded Amount (please enter number amount without dollar signs)

Support to

Did you provide support to a local agency or organization?

Monetary

If you have provided support to a local agency or organization, please provide details below.

Partner Name

There are no records to display.

Non-Monetary

If you have provided support to a local agency or organization, please provide details below.

Non-Monetary

There are no records to display.

Create

If Other, Please Specify

Type of Funding Mechanism Used

If Other, Please Specify

Funded Amount (please enter number amount without dollar signs)

Purpose of Funds (e.g. to host an event, given as a grant):

Save

Support to

Did you provide support to an individual or organization?

Monetary

If you have

Partner Name

There are no records to display.

Non-Monetary

If you have

button

Non-Monetary

There are no records to display.

Save

Create

Please fill out information for one partner at a time.

Program Name

Non-Monetary Partner Name *

Non-Monetary Partner Type **

If Other, Please Specify

Type of Support (please select all that apply)

Technical Assistance

☒ No ☐ Yes

Training

☒ No ☐ Yes

Resources/Job Aids

☒ No ☐ Yes

Other

☒ No ☐ Yes

If Other, Please Specify

Support to

Did you provide support to an individual or organization?

Monetary

If you have

Partner Name

There are no records to display.

Non-Monetary

If you have

button

Non-Monetary

There are no records to display.

Save

Create

Program Name

If Other, Please Specify

Type of Support (please select all that apply)

Technical Assistance

☒ No ☐ Yes

Training

☒ No ☐ Yes

Resources/Job Aids

☒ No ☐ Yes

Other

☒ No ☐ Yes

If Other, Please Specify



Annual Progress Report - Objectives & Activities

Click the below headers to sort

Work Plan Name
▼
▼

Objective Fiscal Year
▼
▼

Apply

Objective Name ↑

Test 2 Objective Corella 7/26/23

Collected TB Data Sets

Harry Truman, Doris Day, Red China, Johnnie Ray South Pacific, Walter Winchell, Joe DiMaggio Joe mcc

Partnership Development & Patient Education

test

TEST 2022 Objective 1

Test Objective 1 Childhood Oral Health

Test WPF Objective One for Program 1 in WP 1093

Annual Progress Report - Objectives & Activities Edit

APR Objective

Information below is imported from the Work Plan and is non-editable.

Objective Name *

test

Program Name/Title *

test

Recipient Name *

DPPS

Work Plan Name *

WP-1242-2023

Objective Fiscal Year *

2024

Program SMART Objective

Please click in below element to scroll *

test

Unit of measurement: *

test

Baseline value for the item to be measured: *

3

Interim Target Value to be achieved by the Annual Progress Report: *

3

Achieved so far towards interim target value: *

Interim Target Met/Not Met *

(Optional) If interim target was not met, enter amount below target.

Key Factors - please click to expand elements below

If interim target was not met, what are the key factors that contributed to the target not being met?

If interim target was not met, what are you planning to do to get the program back on target to meet your final target?

One-sentence summary of results towards this Program SMART Objective: *

One-paragraph description of results towards this Program SMART Objective *

One-paragraph description of results towards this Program SMART Objective *

APR Activities

Activities					
Activity Title ↑	Objective Name	Recipient Name	Work Plan Name	Program Name	Activity Fiscal Year
There are no records to display.					

Save

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 [Interim APR](#) •
 [Final APR](#) •
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Christina Swiney •

Final APR - Program

[Home](#) / [Final APR](#) / [Final APR - Program](#) / [Final APR - Program - Edit](#)

(Read-only) Fields from the Work Plan

2024

Click element to scroll through text: *

(Read-only Interim APR) Block Grant Funding

Did you use PHHS Block Grant funding to gain additional support for this program during this federal fiscal year? *

—

(Read-only Interim APR) 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)

☒ No ☐ Yes

We blended Block Grant funding with funding from other sources

☒ No ☐ Yes

Block Grant funding enabled us to receive matching funds from another source

☒ No ☐ Yes

We received in-kind support from another source (e.g., resources, staffing)

☒ No ☐ Yes

We gained increased buy-in or leadership support for the program

☒ No ☐ Yes

Block Grant funds were leveraged with resources from other organizations to contribute to jurisdiction-wide priority

☒ No ☐ Yes

Other

☒ No ☐ Yes

If other support received, please specify:

—

(Read-only Interim APR) Support to Local Organizations

Did you provide support (monetary or non-monetary) to any local agencies or organizations? *

—

(Read-only Interim APR) Success Story

Would you like to highlight this program as a success story? *

—

Please describe why you chose to highlight this program

—

Were there any products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money? *

—

Please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products:

—

(Required Final APR) Success Story

Q1. Would you like to highlight this program as a success story? *Choose one *

—

(Required if you answered Yes to Q1) Please describe why you chose to highlight this program:

—

Q2. Were there any products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money? *

—

(Required if you answered Yes to Q2) Please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products:

—

(Read-only Interim APR) Key Challenges

What were the key challenges or barriers to success that you experienced to date in this program this year? *

—

What strategies did you use to address those challenges or barriers? *

—

Did you share your findings from the promising practice used?

(Required if you answered Yes) How did you share your findings? Please provide links or citations.

—

(Required Final APR) Key Challenges

Q3. Did you share your findings from the promising practice used? *Choose one *

(Required if you answered Yes to Q3) How did you share your findings? Please provide links or citations.



Final APR Partners

Final APR Partners

Has the partner information changed? *

▼

Monetary Partners

(Read-only Interim APR) Monetary Partners

Partner Name ↕	Program Name	Created On
There are no records to display.		

(Required only if changed from Interim APR above) Final APR Monetary Partners

Add Monetary Partner

Partner Name ↕	Program Name	Created On
There are no records to display.		

Non-Monetary Partners

(Read-only Interim APR) Non-Monetary Partners

Non-Monetary Partner Name ↕	Program Name	Created On
There are no records to display.		

(Required only if changed from Interim APR above) Final APR Non-Monetary Partners

Add Non-Monetary Partner

Non-Monetary Partner Name ↕	Program Name	Created On
There are no records to display.		

Submit



Create

Please list the local agencies/organizations you provided with MONETARY support

Program Name *

Monetary Partner Name *

Partner Type *

If Other, Please Specify

Funding Section

Type of Funding Mechanism Used *

If Other, Please Specify

Funded Amount (please enter number amount without dollar signs) *

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Partner Nam

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There are n

(Required only if changed from Interim APR above) Final APR Non-Monetary Partners

Add Non-Monetary Partner

Has the partner information changed? *

Create

Funding Section

Type of Funding Mechanism Used *

If Other, Please Specify

Funded Amount (please enter number amount without dollar signs) *

Purpose of Funds (eg to host an event, given as a grant) *

Save

Monetary P

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Non-Monet

There are n

(Required only if changed from Interim APR above) Final APR Non-Monetary Partners

Add Non-Monetary Partner

(Required only if changed from Interim ADP above) Final ADP Monetary Partners

Partner Name

There are no

Non-Monetary

(Read-only Interim ADP)

Non-Monetary

There are no

(Required only if changed from Interim ADP above) Final ADP Monetary Partners

Non-Monetary

There are no

Submit

Create

Please fill out information for one partner at a time.

Program Name

Non-Monetary Partner Name *

Non-Monetary Partner Type

If Other, Please Specify

Type of Support (please select all that apply) *

Technical Assistance

☒ No ☐ Yes

Training

☒ No ☐ Yes

Resources/Job Aids

☒ No ☐ Yes

(Required only if changed from Interim ADP above) Final ADP Monetary Partners

Partner Name

There are no

Non-Monetary

(Read-only Interim ADP)

Non-Monetary

There are no

(Required only if changed from Interim ADP above) Final ADP Monetary Partners

Non-Monetary

There are no

Submit

Create

If Other, Please Specify

Type of Support (please select all that apply) *

Technical Assistance

☒ No ☐ Yes

Training

☒ No ☐ Yes

Resources/Job Aids

☒ No ☐ Yes

Other

☒ No ☐ Yes

If Other, Please Specify

Submit

Unit of measurement: *

test

Baseline value for the item to be measured: *

3

Interim Target Value to be achieved by the Annual Progress Report: *

3

Achieved so far towards interim target value: *

—

Interim Target Met/Not Met *

—

(Optional) If interim target was not met, enter amount below target.

—

(Read-only Interim APR) Key Factors - please click to expand elements below

If interim target was not met, what are the key factors that contributed to the target not being met?

—

If interim target was not met, what are you planning to do to get the program back on target to meet your final target?

—

One-sentence summary of results towards this Program SMART Objective: *

—

One-paragraph description of results towards this Program SMART Objective *

(Required Final APR) Program Smart Objective

Final Target Value (read-only) *

3

What you achieved: *

Met/Not Met *

Distance from Target *

(Required Final APR) Key Factors

If final target was not met, what are the key factors that contributed to the target not being met? (if not applicable, enter N/A)

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)

One-sentence summary of results towards this Program SMART Objective: *

One-paragraph description of results towards this Program SMART Objective *

Activities

(Required Final APR) Activities

Activity Title ↑	Objective Name	Recipient Name	Work Plan Name	Program Name	Activity Fiscal Year	Final APR Activity Status
There are no records to display.						

Submit

