Cooperative Agreement Work Plan Template

Form Approved

OMB 0920-xxxx

Exp. 0x/xx/2027

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| **Section 1. Cooperative Agreement Work plan Component A** |
| **Objective 1:** | *By # days post-award, establish and convene a Regional Coordinating Body* |
| **Implementation Timeframe** | **Start Date:** MM/DD/YYYY | **End Date:** MM/DD/YYYY |
|  | *Target date* | Responsible Positionor Party | Progress or ProcessMeasure(s) | **Status** |
| **Activity 1:** |  |  |  |  |
| **Activity 2:** |  |  |  |  |
| **Activity 3:** |  |  |  |  |
| **Activity 4:** |  |  |  |  |
| **Activity 5:** |  |  |  |  |
| **Setting** | * **Regional Tribal**
 | * **State**
 | * **Territorial**
 | * **Local**
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| **Collaboration and Coordination** | *Describe collaboration and coordination activities with STLT health departments and officials, health care facilities, and health care coalitions to improve public**health preparedness and response.* |
| **Health Equity Considerations** | 1. *Are considerations to increase the likelihood that health equity can be addressed integrated into the decision-making process when developing and convening the regional coordinating body?*
	* Yes ☐No ☐Not Applicable
2. *If yes to Question 1, how? If no, please explain why not. [Include text here]*
3. *Has the center considered the burden of social determinants of health on populations with access and functional needs, low socioeconomic status, and communities experiencing racism?*
	* Yes ☐No ☐Not Applicable
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| **Objective 2:** | *By # days post-award, develop a Five-Year Regional Work Plan, FY2025-2030 with priority areas and objectives, and STLT PHPR focus areas* |
| **Implementation Timeframe** | **Start Date:** MM/DD/YYYY | **End Date:** MM/DD/YYYY |
|  | *Target date* | Responsible Positionor Party | Progress or ProcessMeasure(s) | **Status** |
| **Activity 1:** |  |  |  |  |
| **Activity 2:** |  |  |  |  |
| **Activity 3:** |  |  |  |  |
| **Activity 4:** |  |  |  |  |
| **Activity 5:** |  |  |  |  |
| **Setting** | * **Regional**
 | * **State**
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 | * **Local**
 | * **Tribal**
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| **Collaboration and Coordination** | *Describe collaboration and coordination activities with applicable STLT health departments and officials, health care facilities, and health care coalitions to improve public health preparedness and response.* |
| **Health Equity Considerations** | 1. *Has the coordinating body considered the evidence base documenting drivers of health disparities and inequities to inform development of the objective?*

*If yes, how? If no, please explain why not. [Include text here]*1. *Are considerations for health equity integrated into the decision-making process when developing and framing the focus areas, objectives, and priorities?*
	* Yes ☐ No ☐ Not Applicable

*f yes, how? If no, please explain why not.*1. *Has the planning process considered the burden of social determinants of health on populations with access and functional needs, low socioeconomic status, and communities experiencing racism?*
	* Yes ☐No ☐Not Applicable
2. *Are there known unintended positive or negative impacts of the planning process or plan on health equity?*
	* Yes ☐No ☐Not Applicable
 |
| **Objective 3:** | *By # days post-award, establish a Steering Committee (may be a subset of the Regional Coordinating Body)* |
| **Implementation Timeframe** | **Start Date:** MM/DD/YYYY | **End Date:** MM/DD/YYYY |
|  | *Target date* | Responsible Positionor Party | Progress or ProcessMeasure(s) | **Status** |
| **Activity 1:** |  |  |  |  |
| **Activity 2:** |  |  |  |  |
| **Activity 3:** |  |  |  |  |
| **Activity 4:** |  |  |  |  |
| **Activity 5:** |  |  |  |  |
| **Setting** | * **Regional ☐ State ☐ Territorial ☐ Local ☐**

**Tribal** |
| **Collaboration and Coordination** | *Describe collaboration and coordination activities with applicable state, territorial, local, and tribal health department and officials, health care facilities, and health care coalitions to improve public health preparedness and response.* |
| **Health Equity Considerations** | 1. *Are considerations to increase the likelihood that health equity can be addressed integrated into the decision-making process when developing and convening the Steering Committee?*
	* Yes ☐No ☐Not Applicable

2. *If yes to Question 1, how? If no, please explain why not. [Include text here]* |
| **Objective 4:** | *By # days post-award, establish and maintain a regional public health preparedness and response center (Year 1, to be maintained in years 2 – 5)* |

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| **Implementation Timeframe** | **Start Date:** MM/DD/YYYY | **End Date:** MM/DD/YYYY |
|  | *Target date* | Responsible Positionor Party | Progress or ProcessMeasure(s) | **Status** |
| **Activity 1:** |  |  |  |  |
| **Activity 2:** |  |  |  |  |
| **Activity 3:** |  |  |  |  |
| **Activity 4:** |  |  |  |  |
| **Activity 5:** |  |  |  |  |
| **Setting** | * **Regional ☐ State ☐ Territorial ☐ Local ☐**

**Tribal** |
| **Collaboration and Coordination** | *Describe collaboration and coordination activities with applicable state, territorial, local, and tribal health department and officials, health care facilities, and health care coalitions to improve public health preparedness and response.* |
| **Health Equity Considerations** | 1. *Are considerations to increase the likelihood that health equity can be addressed integrated into the decision-making process when developing and convening the staffing and operations of the regional center?*
	* Yes ☐No ☐Not Applicable

2. *If yes to Question 1, how? If no, please explain why not. [Include text here]* |
| **Objective 5:** | *By # days post-award, develop, implement, and evaluate activities to meet objectives in the Five-Year Regional Work Plan, FY2025-2030. The Five-Year Regional Work Plan will include focus areas, partners, roles, and resources needed to accomplish the plan’s objectives.* |
| **Implementation****Timeframe** | **Start Date:** MM/DD/YYYY | **End Date:** MM/DD/YYYY |
|  | *Target date* | Responsible Position or Party | Progress or Process Measure(s) | **Status** |
| **Activity 1:** |  |  |  |  |
| **Activity 2:** |  |  |  |  |
| **Activity 3:** |  |  |  |  |
| **Activity 4:** |  |  |  |  |
| **Activity 5:** |  |  |  |  |
| **Activity 6:** |  |  |  |  |
| **Activity 7:** |  |  |  |  |
| **Activity 8:** |  |  |  |  |
| **Setting** | * **Regional ☐ State ☐ Territorial ☐ Local ☐**

**Tribal** |
| **Collaboration and Coordination** | *Describe collaboration and coordination activities with applicable state, territorial, local, and tribal health department and officials, health care facilities, and health**care coalitions to improve public health preparedness and response.* |

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| **Health Equity Considerations** | 1. *Are considerations to increase the likelihood that health equity can be addressed integrated into the decision-making process when developing and convening the staffing and operations of the regional center?*
	* Yes ☐No ☐Not Applicable

2. *If yes to Question 1, how? If no, please explain why not. [Include text here]* |

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| **Section 1. Cooperative Agreement Work plan Component B** |
| **Objective 1:** | *By # days post-award, establish a Steering Committee (may be a subset of the Regional Coordinating Body)* |
| **Implementation Timeframe** | **Start Date:** MM/DD/YYYY | **End Date:** MM/DD/YYYY |
|  | *Target date* | Responsible Positionor Party | Progress or ProcessMeasure(s) | **Status** |
| **Activity 1:** |  |  |  |  |
| **Activity 2:** |  |  |  |  |
| **Activity 3:** |  |  |  |  |
| **Activity 4:** |  |  |  |  |
| **Activity 5:** |  |  |  |  |
| **Setting** | * **Regional ☐ State ☐ Territorial ☐ Local ☐**

**Tribal** |
| **Collaboration and Coordination** | *Describe collaboration and coordination activities with applicable state, territorial, local, and tribal health department and officials, health care facilities, and health care coalitions to improve public health preparedness and response.* |
| **Health Equity Considerations** | 1. *Are considerations to increase the likelihood that health equity can be addressed integrated into the decision-making process when developing and convening the Steering Committee?*
	* Yes ☐No ☐Not Applicable

2. *If yes to Question 1, how? If no, please explain why not. [Include text here]* |
| **Objective 2:** | *By # days post-award, establish and maintain a regional public health preparedness and response center (Year 1, to be maintained in years 2 – 5)* |
| **Implementation Timeframe** | **Start Date:** MM/DD/YYYY | **End Date:** MM/DD/YYYY |
|  | *Target date* | Responsible Positionor Party | Progress or ProcessMeasure(s) | **Status** |
| **Activity 1:** |  |  |  |  |
| **Activity 2:** |  |  |  |  |
| **Activity 3:** |  |  |  |  |
| **Activity 4:** |  |  |  |  |
| **Activity 5:** |  |  |  |  |

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| --- | --- |
| **Setting** | * **Regional ☐ State ☐ Territorial ☐ Local ☐**

**Tribal** |
| **Collaboration and Coordination** | *Describe collaboration and coordination activities with applicable state, territorial, local, and tribal health department and officials, health care facilities, and health**care coalitions to improve public health preparedness and response.* |
| **Health Equity Considerations** | 1. *Are considerations to increase the likelihood that health equity can be addressed integrated into the decision-making process when developing and convening the staffing and operations of the regional center?*
	* Yes ☐No ☐Not Applicable

2. *If yes to Question 1, how? If no, please explain why not. [Include text here]* |
| **Objective 3:** | *By # days post-award, develop, implement, and evaluate activities to meet objectives in the Five-Year Regional Work Plan, FY2024 – 2029. The Five-Year Regional Work Plan will include focus areas, partners, roles, and resources needed**to accomplish the plan’s objectives.* |
| **Implementation Timeframe** | **Start Date:** MM/DD/YYYY | **End Date:** MM/DD/YYYY |
|  | *Target date* | Responsible Positionor Party | Progress or ProcessMeasure(s) | **Status** |
| **Activity 1:** |  |  |  |  |
| **Activity 2:** |  |  |  |  |
| **Activity 3:** |  |  |  |  |
| **Activity 4:** |  |  |  |  |
| **Activity 5:** |  |  |  |  |
| **Activity 6:** |  |  |  |  |
| **Activity 7:** |  |  |  |  |
| **Activity 8:** |  |  |  |  |
| **Setting** | * **Regional ☐ State ☐ Territorial ☐ Local ☐**

**Tribal** |
| **Collaboration and Coordination** | *Describe collaboration and coordination activities with applicable STLT health departments and officials, health care facilities, and health care coalitions to improve public health preparedness and response.* |
| **Health Equity Considerations** | 1. *Are considerations to increase the likelihood that health equity can be addressed integrated into the decision-making process when developing and convening the staffing and operations of the regional center?*
	* Yes ☐No ☐Not Applicable

2. *If yes to Question 1, how? If no, please explain why not. [Include text here]* |