Cooperative Agreement Work Plan Template

Form Approved

OMB 0920-xxxx

Exp. 0x/xx/2027

Public reporting burden of this collection of information is estimated to average 120 minutes per response, including the 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, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Position  or Party | | Progress or Process  Measure(s) | | **Status** | |
| **Activity 1:** |  | |  | |  | |  | |
| **Activity 2:** |  | |  | |  | |  | |
| **Activity 3:** |  | |  | |  | |  | |
| **Activity 4:** |  | |  | |  | |  | |
| **Activity 5:** |  | |  | |  | |  | |
| **Setting** | * **Regional Tribal** | * **State** | | * **Territorial** | | * **Local** | |  |
| **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 | | | | | | | |
| **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 Position  or Party | | Progress or Process  Measure(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 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 Position  or Party | Progress or Process  Measure(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)* | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** |  |  |  |  |
| **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.* | | | |

|  |  |
| --- | --- |
| **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]* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 Position  or Party | Progress or Process  Measure(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 Position  or Party | Progress or Process  Measure(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 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 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 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]* | | | |