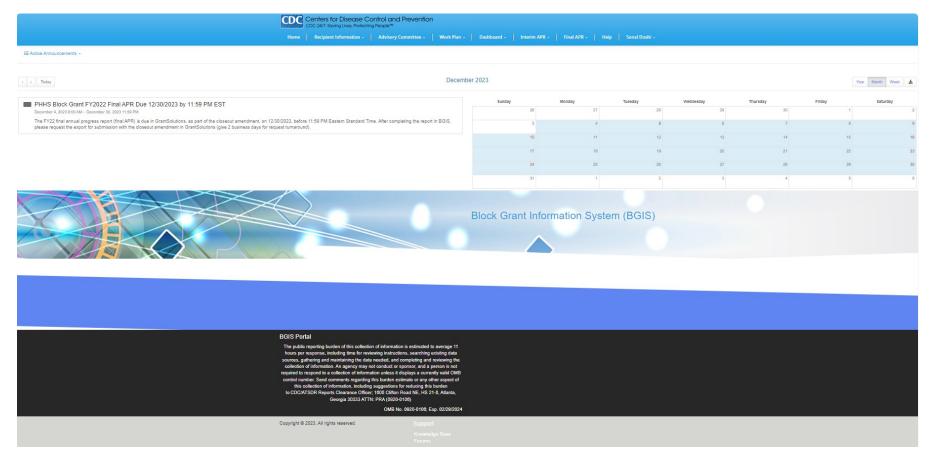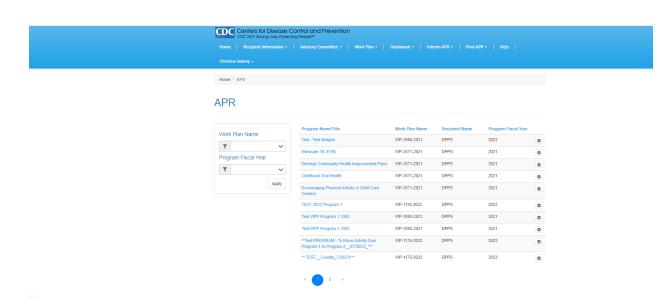# Attachment H: Annual Progress Report Screenshots
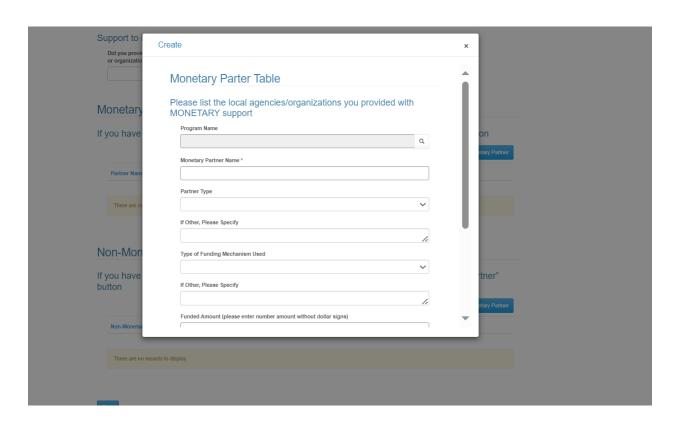
CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Home | Recipient Information ▾ | Advisory Committee ▾ | Work Plan ▾ | Dashboard ▾ | Interim APR ▾ | Final APR ▾ | Help | Sonal Doshi ▾

≡ Active Announcements ▾

‹ › Today

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)

Home / APR

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	⊙

< ● 1 ● 2 >

Home / APR / Edit Progress Report

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

One sentence Program Goal:

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? *

[   ]

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

Create ✕

Monetary Parter 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)

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

Screenshot 1

Support to

Did you provi
or organizatio

Monetary

If you have

Partner Nam

There are n

Non-Mon

If you have
button

Non-Monetar

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

Screenshot 2

Support to

Did you provi
or organizatio

Monetary

If you have

Partner Nam

There are n

Non-Mon

If you have
button

Non-Monetar

There are no records to display.

Create ⊠

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

[   ]

Save

Annual Progress Report - Objectives & Activities

Work Plan Name

Objective Fiscal Year

Apply

Objective Name ↑

Test 2 Objective Coretta 7/28/23*

Collect TB Data Sets

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

mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm

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

Final APR

Home / Final APR / Final APR - Program

Final APR - Program

Work Plan Name

▼ [   ] ▾

Program Fiscal Year

▼ [   ] ▾

[Apply]

Program Name/Title	Work Plan Name	Recipient Name	Program Fiscal Year	Has the partner information changed?	
Test - Test Bridges	WP-1090-2021	DPPS	2023		⚙
Eliminate TB (ETB)	WP-1071-2021	DPPS	2021	Yes	⚙
Develop Community Health Improvement Plans	WP-1071-2021	DPPS	2021	No	⚙
Childhood Oral Health	WP-1071-2021	DPPS	2021	Yes	⚙
Encouraging Physical Activity in Child Care Centers	WP-1071-2021	DPPS	2021	No	⚙
TEST 2022 Program 1	WP-1110-2022	DPPS	2022	Yes	⚙
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		⚙

< ① ② >

Home / Final APR / Final APR - Program / Final APR - Program - Edit

Final APR - Program - Edit

(Read-only) Fields from the Work Plan

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

(Read-only Interim APR) One sentence Program Goal:

Click element to scroll through text: *

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 *

[dropdown]

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

[text area]

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

[dropdown]

(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:
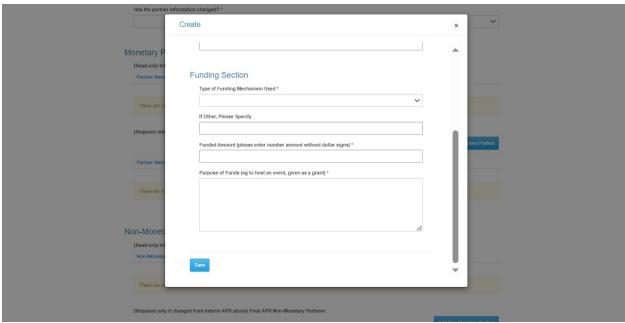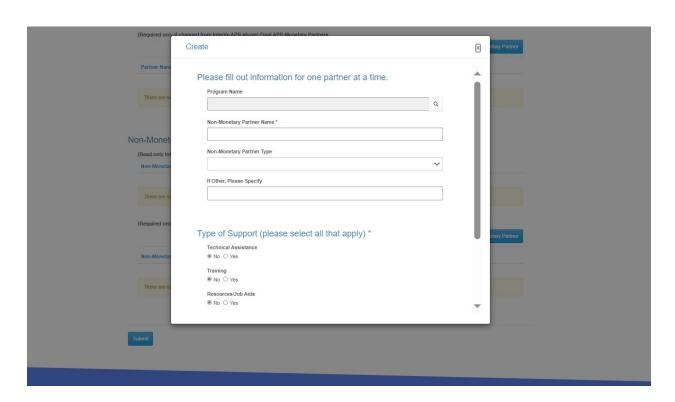
[text area]

(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 *

[dropdown]

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

[text area]

Final APR Partners

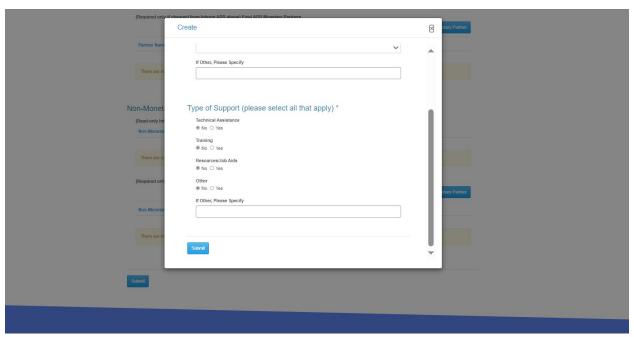### Final APR Partners

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) *

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]

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

Non-Monet...

(Read-only Int...
Non-Monet...

There are n...

(Required only...
Non-Monet...

There are n...

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

Partner Nam...

Non-Monet...

(Read-only Int...
Non-Monet...

There are n...

(Required onl...
Non-Monet...

There are n...

Submit

Final APR - Objectives & Activities

Work Plan Name

▼ [   ] ▼

Objective Fiscal Year

▼ [   ] ▼

[Apply]

Objective Name ↑

Test 2 Objective Coretta 7/28/23*

Collect TB Data Sets

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

mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm

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

Final APR - Objectives & Activities - Edit

APR Objective

(Read-only) Fields from the Work Plan

Objective Name *

test

Program Name/Title *

test

Recipient Name *

DPPS

Work Plan Name *

WP-1242-2023

Objective Fiscal Year *

2024

(Read-only Interim APR) Program SMART Objective

Please click in below element to scroll *

test

Unit of measurement: *

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.

—

(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