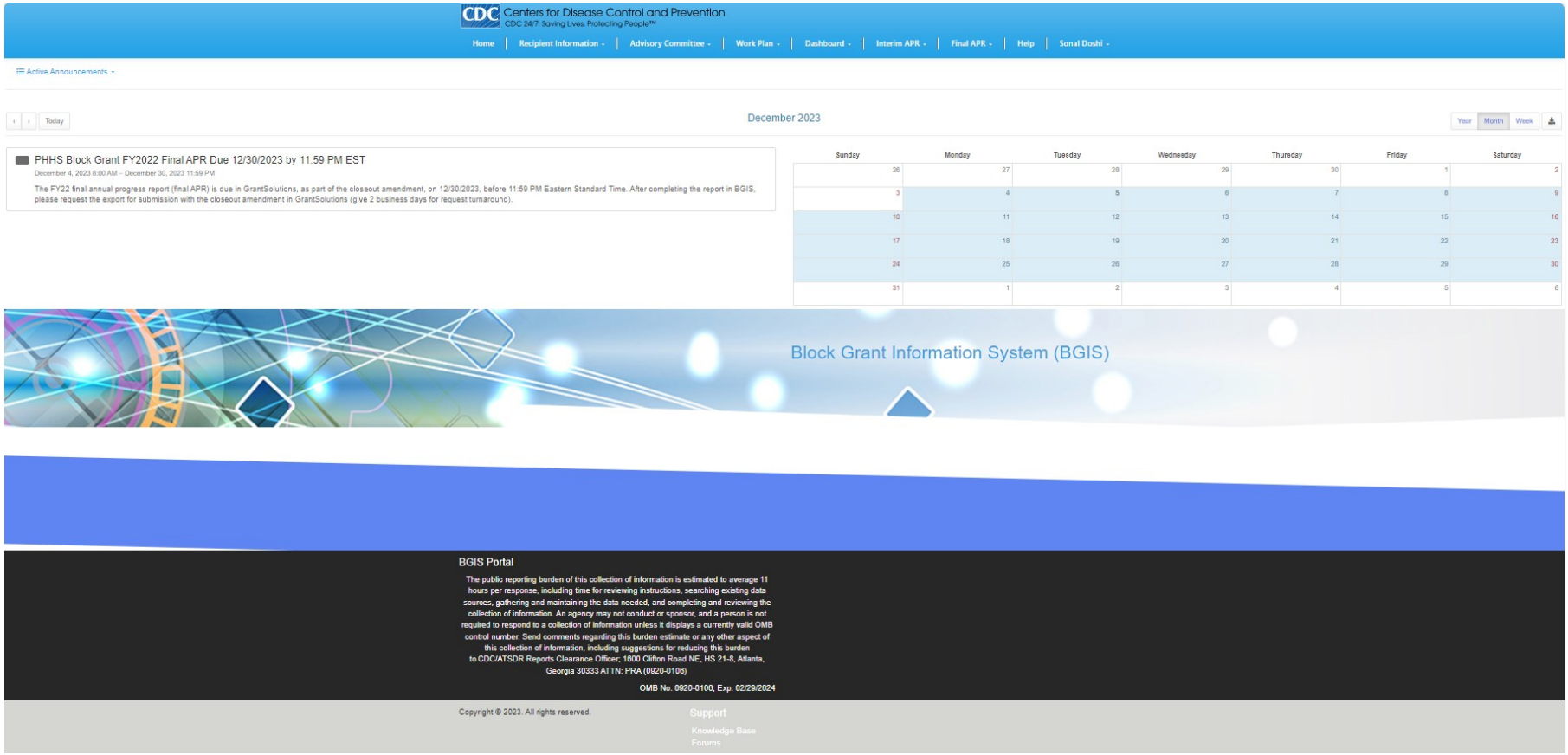
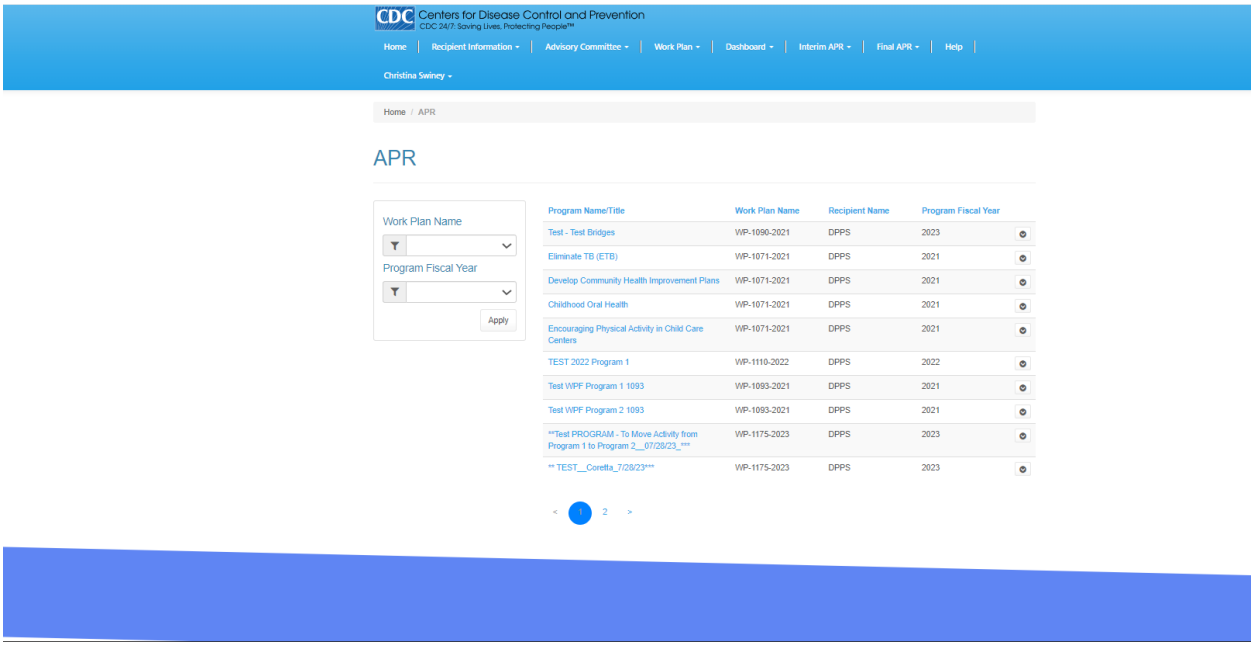
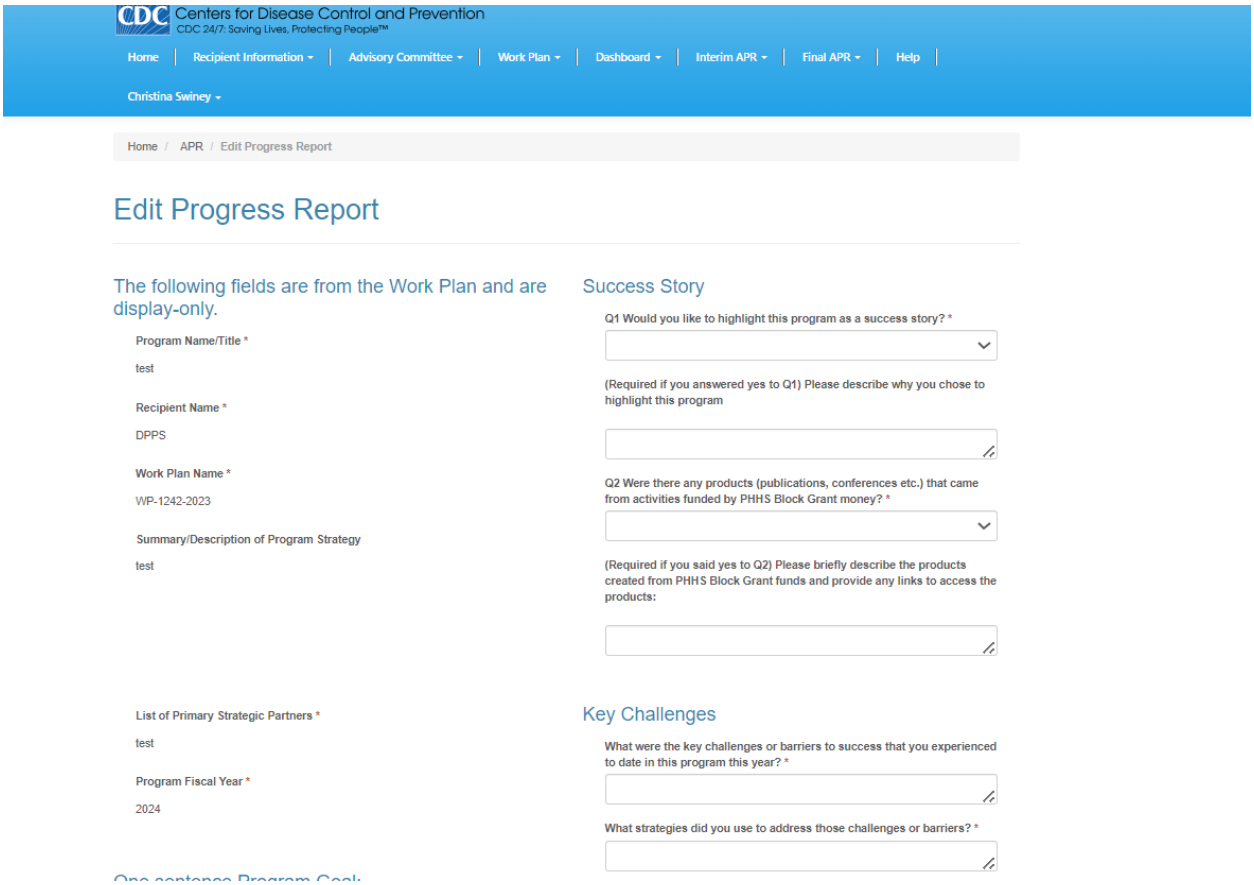
Attachment H: Annual Progress Report Screenshots




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
Christina Swiney
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__Corella_7/28/23*** | WP-1175-2023 | DPPS | 2023
< 1 2 >


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
Christina Swiney
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
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 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

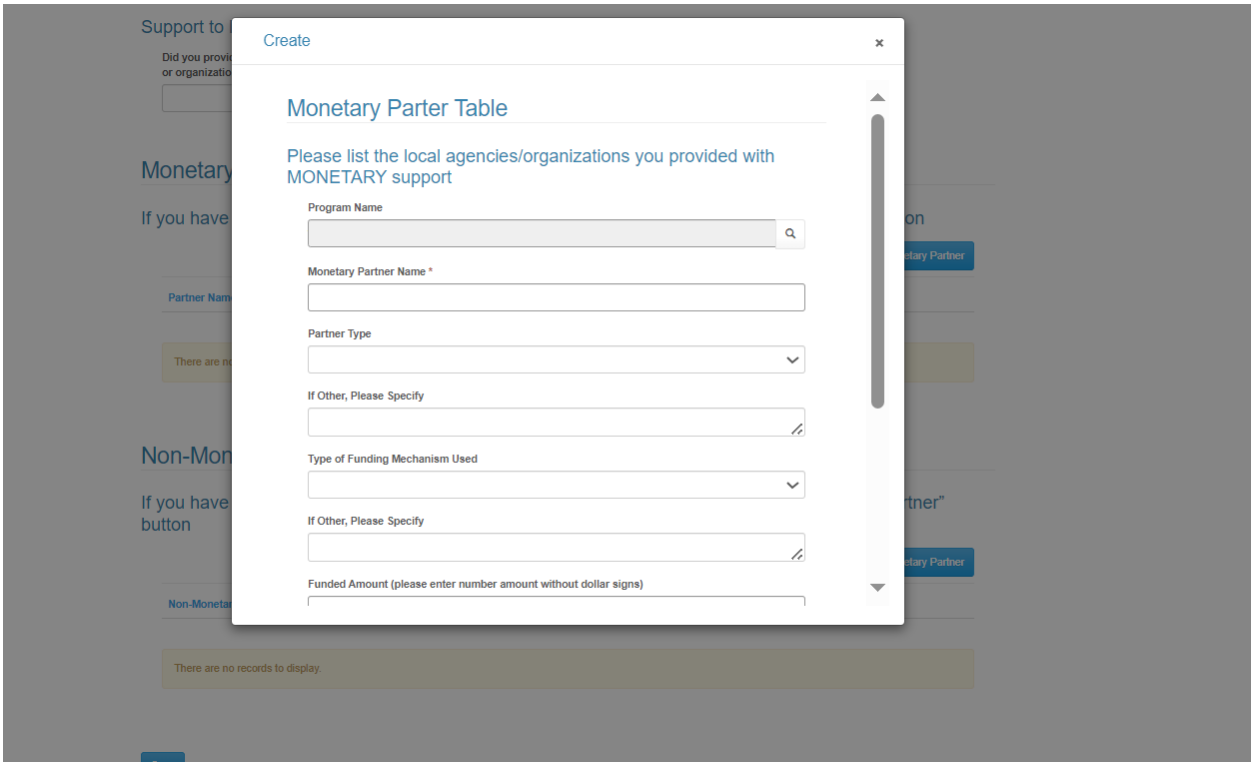
Partner Name ↑	Program Name	Created On
There are no records to display.		

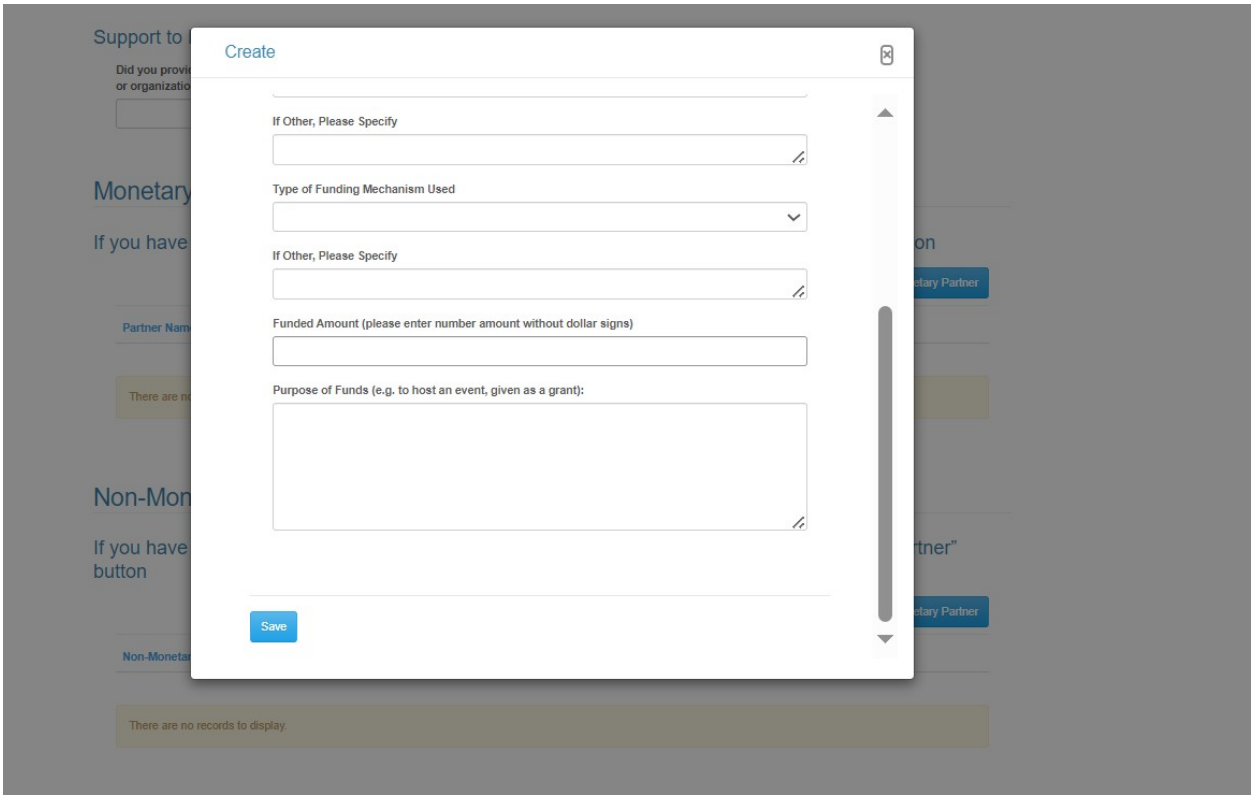
Non-Monetary Partners

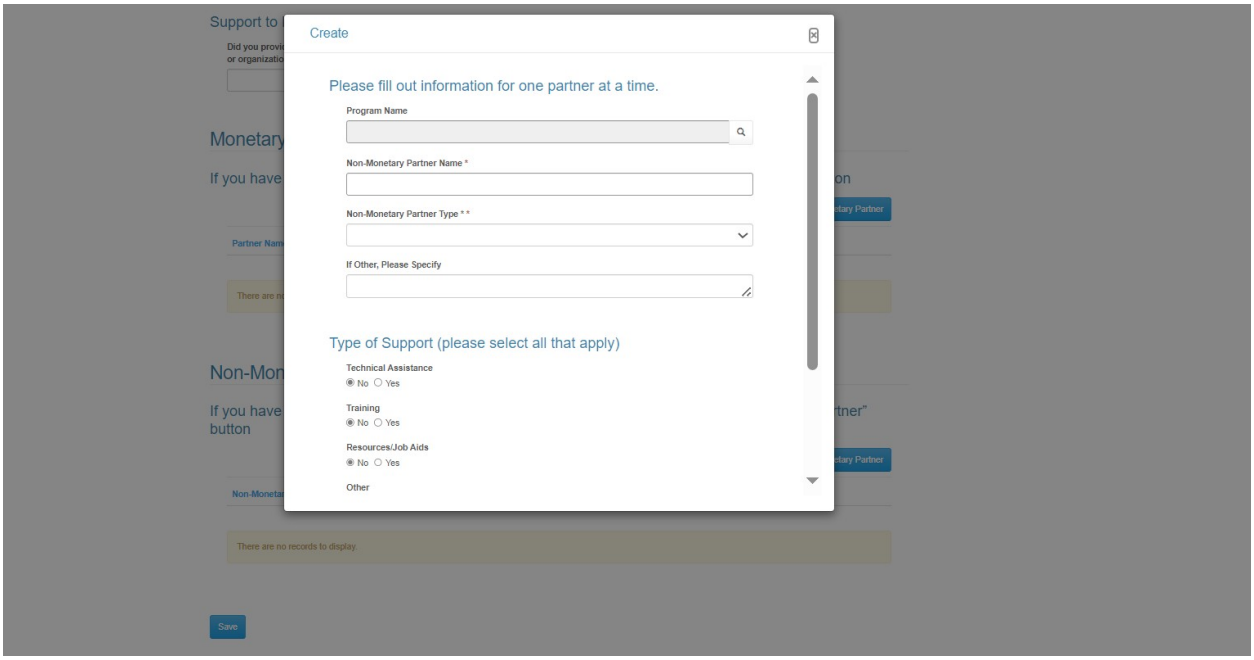
If you have a non-monetary partner, please list them one at a time using “Add Non-Monetary Partner” button

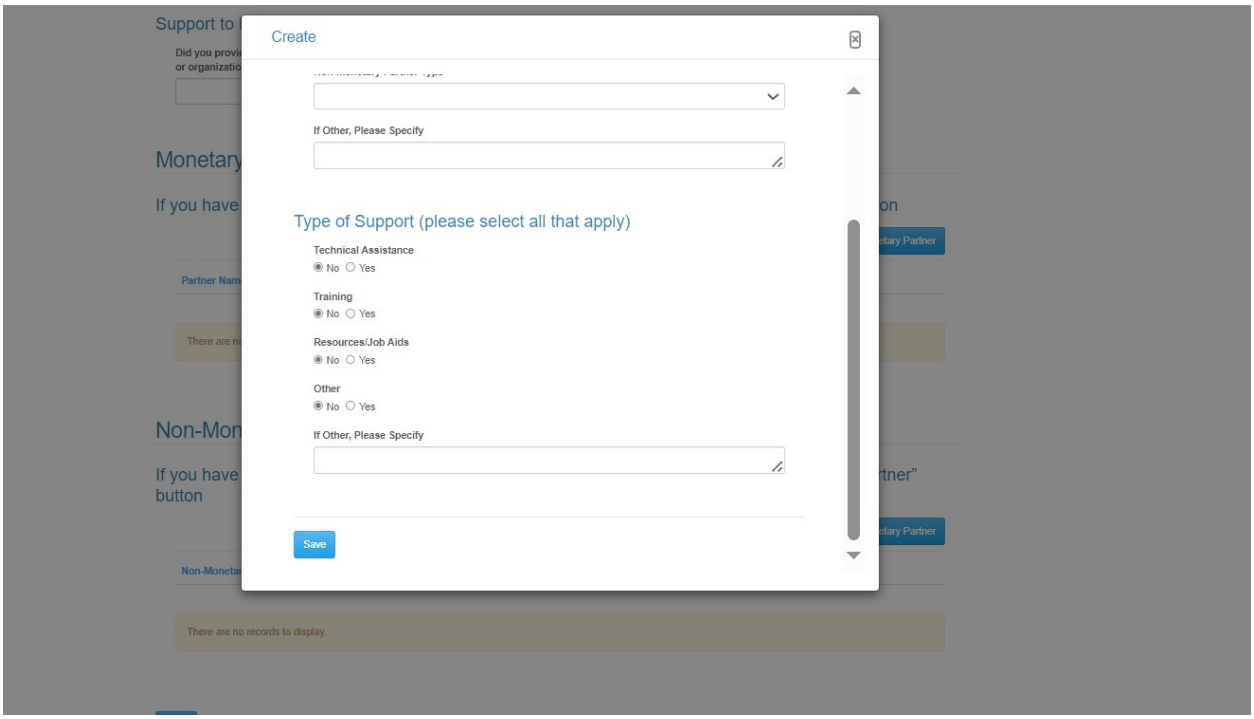
Add Non-Monetary Partner

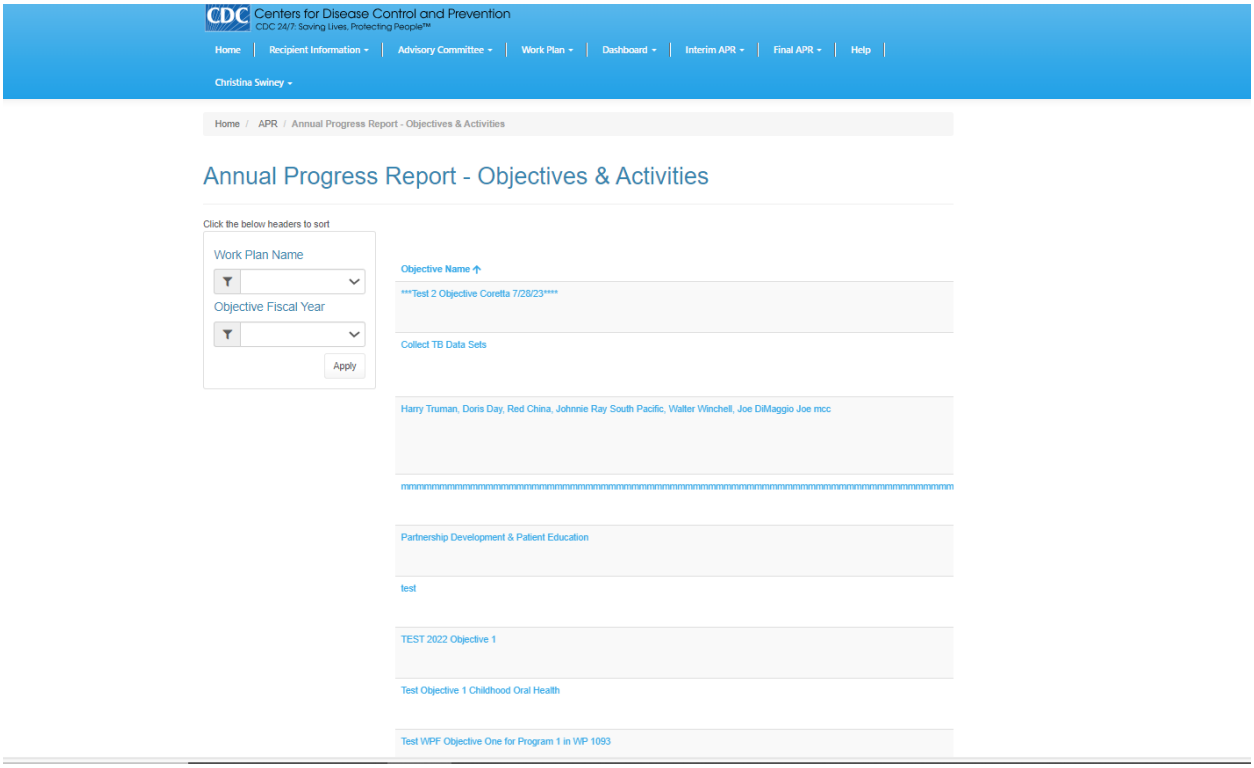
Non-Monetary Partner Name ↑	Program Name	Created On


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


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
There are no records to display.
Save


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
Save
There are no records to display.


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
Christina Swiney
Home / APR / Annual Progress Report - Objectives & Activities
Annual Progress Report - Objectives & Activities
Click the below headers to sort
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
mmmm

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

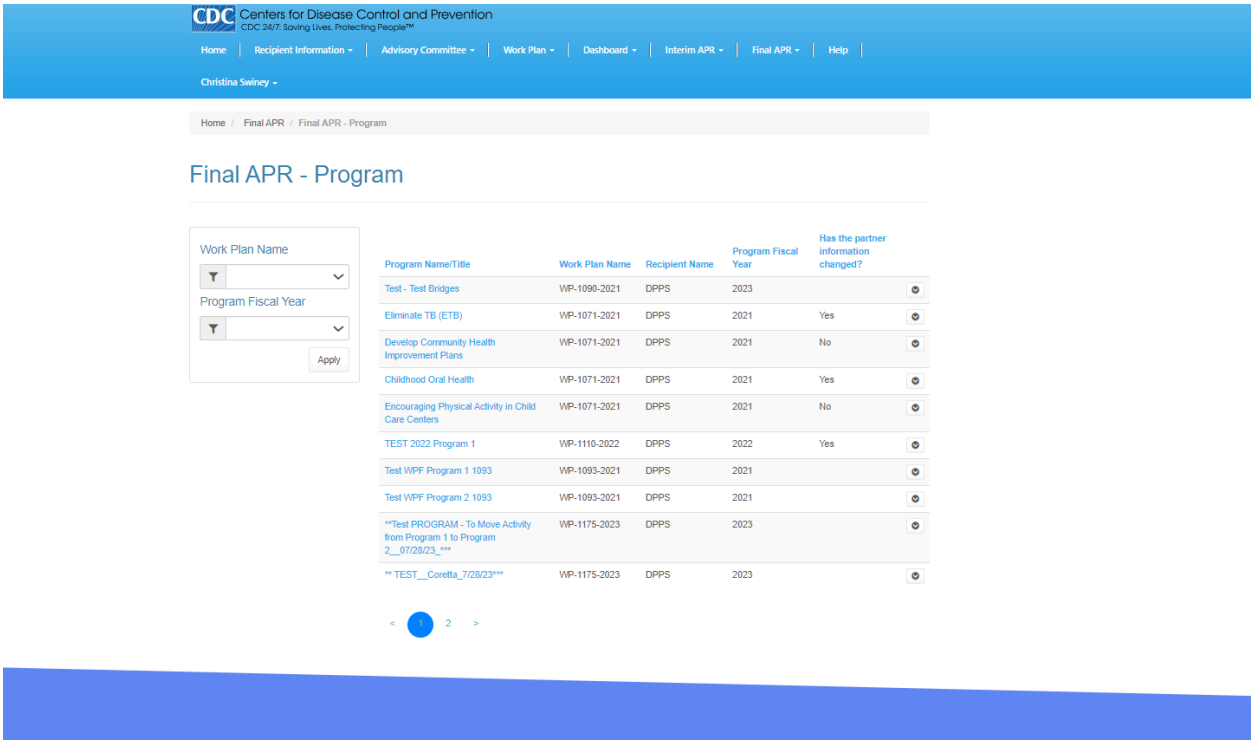
Activities

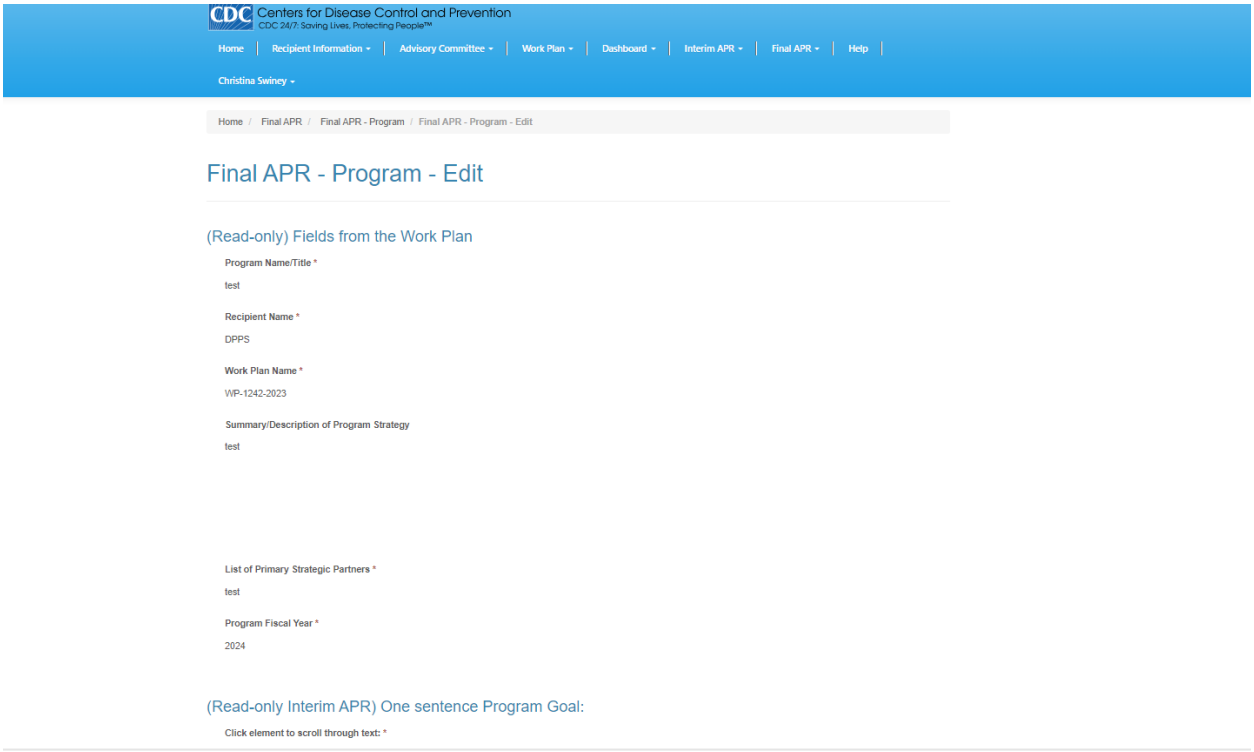
Activity Title	Objective Name	Recipient Name	Work Plan Name	Program Name	Activity Fiscal Year

There are no records to display.

Save

Final APR


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
Christina Swiney
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 >


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
Christina Swiney
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: *

(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

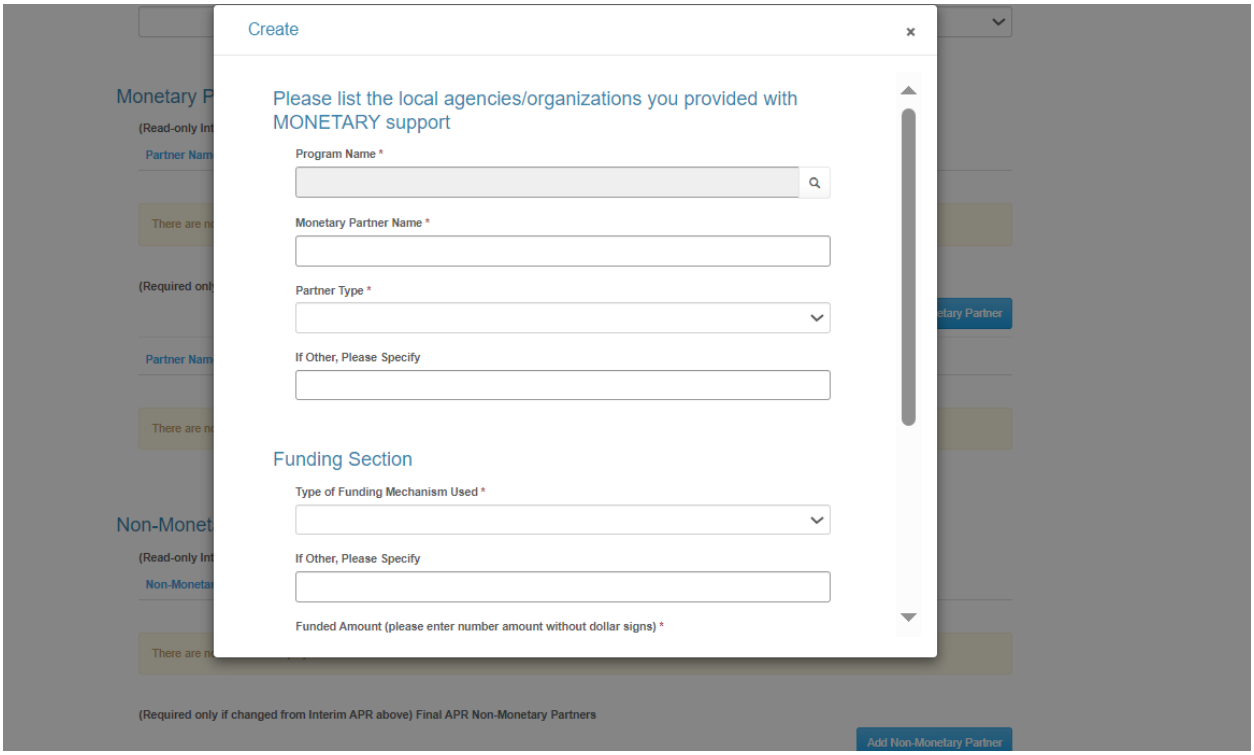
Non-Monetary Partner Name	Program Name	Created On
There are no records to display.		

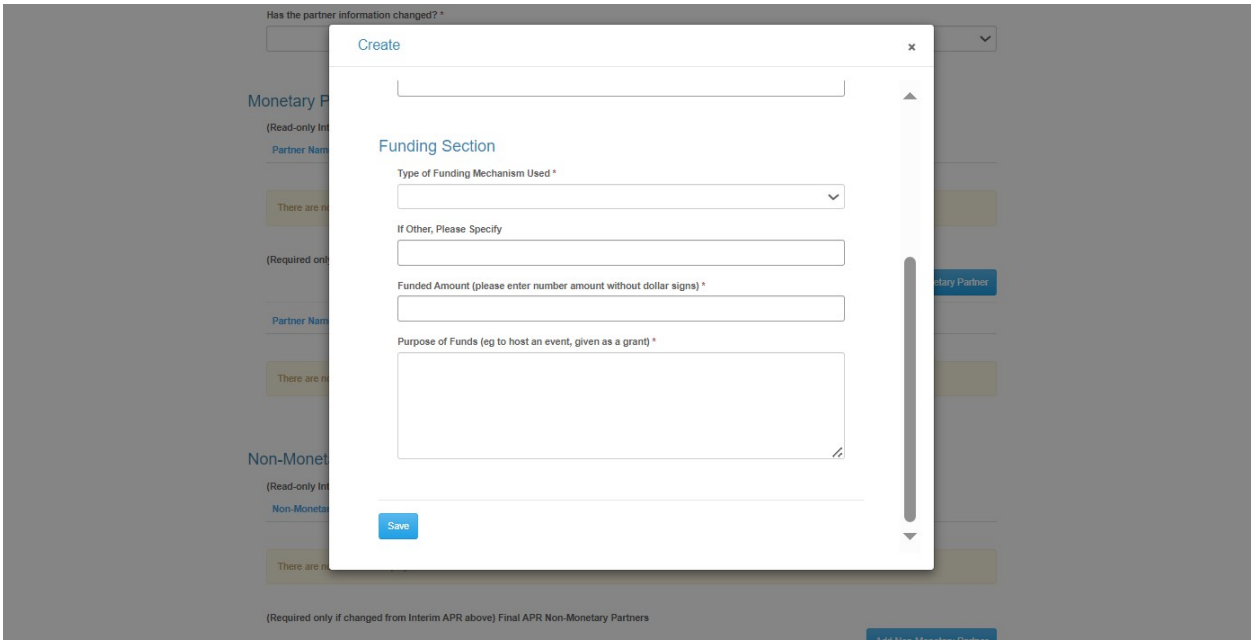
(Required only if changed from Interim APR above) Final APR Non-Monetary Partners

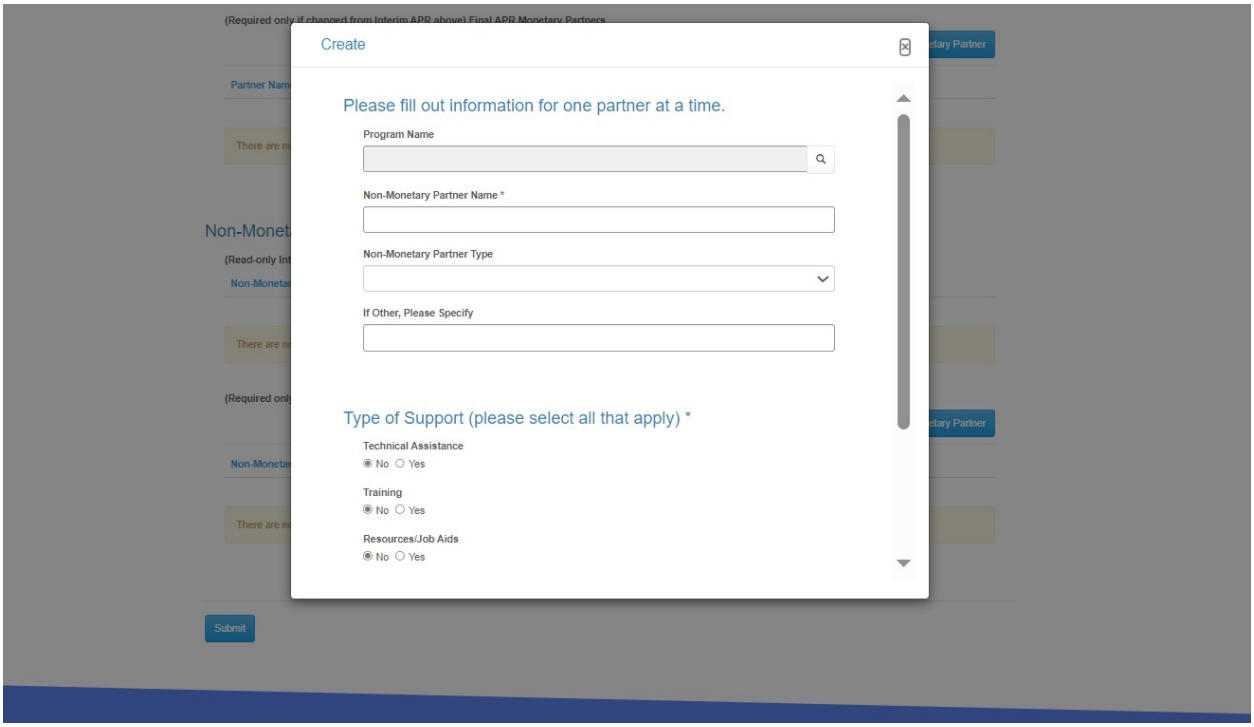
Add Non-Monetary Partner

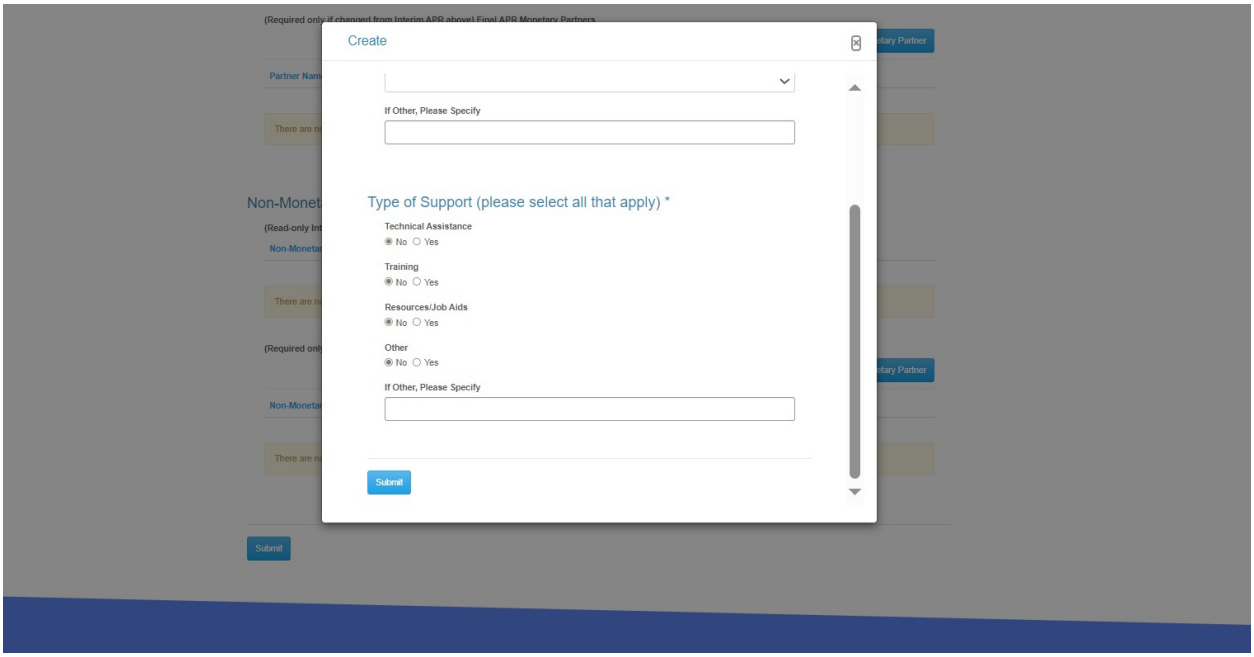
Non-Monetary Partner Name	Program Name	Created On
There are no records to display.		

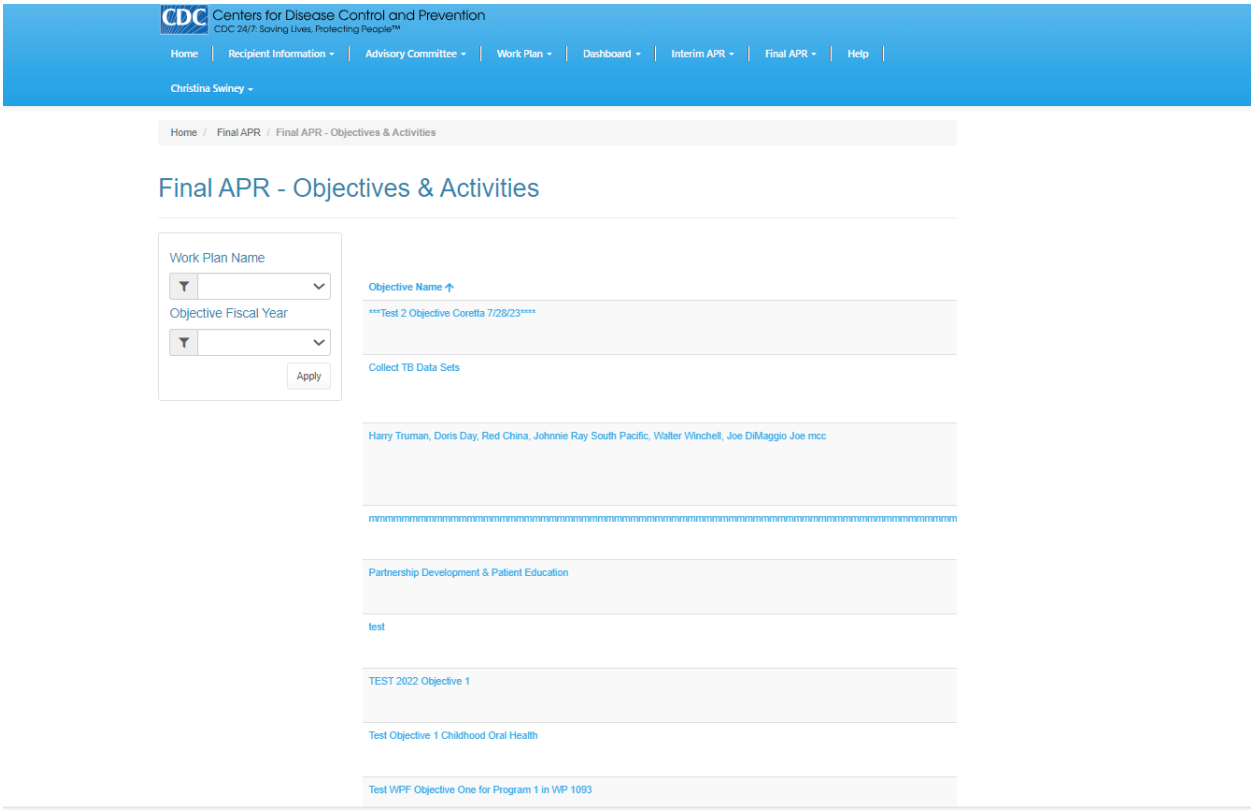
Submit


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


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


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


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
Christina Swiney
Home / Final APR / Final APR - Objectives & Activities
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
mmmm

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