

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Project Plan Form

FOR HRSA USE ONLY

Grant Number

**Application Tracking
Number**

Project Plan

- Each objective requires at least two (2) activities and two (2) outputs with a target date of accomplishment. Select “edit” to enter activities and outputs.
- The six (6) pre-populated objectives are required.
- You may propose up to four (4) additional objectives that should be specific, measurable, assignable, realistic and time-related (SMART).
- Refer to Appendix B of the PCHP Instructions for detailed guidance on completing this form.

OBJECTIVES

List specific, measurable, assignable, realistic, and time-related (SMART) objectives.

ACTIVITIES

List the action steps that you will take to achieve each objective.

OUTPUTS

List the main accomplishments that will result from each activity, including proposed target dates.

1. Engage new and existing patients in HIV prevention services, identifying those at risk for HIV using validated screening tools

2. Increase the number of patients tested for HIV

2a. For those who test negative for HIV, provide HIV prevention education, and prescribe and support the use of clinically indicated PrEP

2b. For those who test positive for HIV, link them to HIV treatment

3. Establish new and/or enhance existing partnerships with health departments and community and faith-based organizations to support identification of at-risk individuals, testing, and other activities that will help achieve the PCHP purpose and

objectives		
4. Within eight (8) months of award, add at least 0.5 full-time equivalent (FTE) personnel who will identify individuals for whom PrEP is clinically indicated and support their access to and use of PrEP		

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/XXXX. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.