

Attachment N: Crosswalk of changes to Select Workplan and Prog

Wording Changes to the following questions in the Work Plan Pr

- Changes made to these questions to improve clarity and unders
- Add '*' to questions that are REQUIRED to be answered by resp

See Tab: **Workpl Start and AC Module** for description of the trar

Original Question
Amount of funding to local agencies or organizations: [Number]
(If the answer to question 10 was "Total Source of Funding", skip this question, if it was "Supplement other existing funds", answer this question) What percentage of the funding for this program is PHHS Block Grant funding? [Number (percentage)]
(If the answer to question 10 was "Total Source of Funding", skip this question, if it was "Supplement other existing funds", answer this question) What existing funding source(s) will PHHS Block Grant funds supplement?
(OPTIONAL) Planned non-monetary support to local agencies or organizations: *Select all that apply
Annual Progress Report Module
Would you like to highlight this program as a success story? [Yes/No]
(If answer to question 11 was No, skip this question) Please describe why you chose to highlight this program: [Short Text]
Were there any products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money? [Yes/No]

(If answer to question 13 was No, skip this question) Please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products: [Short Text]

(If answer to question 17 was “Did Not Use Innovative/Promising Practice” skip this question) What did you learn about the innovative approaches or promising practices you used? [Text]

(If answer to question 17 was “Did Not Use Innovative/Promising Practice” skip this question AND if answer to question 19 was No, skip this question) (Optional) How did you share your findings? Please provide links or citations. [Short Text]

Interim APR - Objectives & Activities

(IF NOT MET) What are the key factors that contributed to the target not being met?

(IF NOT MET) What are you planning to do to address these factors in the future? [Text]

Final APR - Objectives & Activities

If final target was not met, what are the key factors that contributed to the target not being met?

If the target was not met by Interim APR, what did you do to get the program back on track?

Progress Report Questions

Program Module and the Annual Progress Report Module:

standing for respondents (in red)

respondents

Position of Advisory Committee Member and Budget information t

Original answer options
<ul style="list-style-type: none">• Less than 10% - Minimal Source of Funding• 10-49% - Partial Source of Funding• 50-74% - Significant source of Funding• 75-99% - Primary Source of Funding
<ul style="list-style-type: none">• State or Local Funding• Other federal funding (CDC); please specify• Other federal funding (Non-CDC)• Funding from NGO or non-profit organization• Funding from for-profit organization• Tribal, district (i.e. DC) or territorial funding• Other; please specify
<ul style="list-style-type: none">• Technical Assistance• Training• Resources/Job Aids• Other (please specify)

This was an optional question originally

This was an optional question originally

This was an optional question originally



hat was separated into the Workplan Start and Advisory Committee

Revised Questions/Text and Instrument
Work Plan - Programs
Program Details - Details About Program Funding: Amount of funding to local agencies or organization (if not applicable, enter 0)
Program Details - Program Information: What percentage of the funding for this program is PHHS Block Grant funding?
Program Details - What existing funding source(s) will PHHS Block Grant funds supplement? *
Program Strategy section: Planned non-monetary support to local agencies or organizations: Select all that apply:*
Interim APR - Program
Success Story - Q1 Would you like to highlight this program as a success Story?*
Success Story - (Required if you answered yes to Q1) Please describe why you chose to highlight this program
Success Story - Q2 Were there any products (publications, conferences, etc) that came from activities funded by PHHS Block Grant money?*

Edit Progress Report: Success Story - (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 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".

Key Challenges - (Optional) If Yes is selected to the previous question, how did you share your findings? Please provide links or citations.

Interim APR - Objectives & Activities

Interim APR - Objectives & Activities - Edit: (Required Final APR) Key Factors - If interim target was not met, what are the key factors that contributed to the target not being met?

Interim APR - Objectives & Activities - Edit: (Required Final APR) Key Factors - : If the interim target was not met, what are you planning to do to get the program back on target to meet your final target?

Final APR - Objectives & Activities

Final APR - Objectives & Activities - Edit: (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)

Final APR - Objectives & Activities - Edit: (Required Final APR) Key Factors - : 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)

e Module

<p>Wording is correct and matches with the previous question.</p> <ul style="list-style-type: none">• Amount of funding to populations disproportionately affected by the Problem: (if not applicable, enter 0)• Amount of funding to local agencies or organization (if not applicable, enter 0)
<ul style="list-style-type: none">• Less than 10% - Minimal Source of Funding• 10-49% - Partial Source of Funding• 50-74% - Significant source of Funding• 75-99% - Primary Source of Funding• 100% - Total source of funding
<ul style="list-style-type: none">• State or Local Funding• Other federal funding (CDC)• Other federal funding (Non-CDC)• Funding from NGO or non-profit organization• Funding from for-profit organization• Tribal, district (i.e. DC) or territorial funding• Other• None
<ul style="list-style-type: none">• Technical Assistance• Training• Resources/Job Aids• None• Other
<p>Wording update has been updated and is noted as a required question. Select from a drop-down: Yes or No.</p>
<p>Wording update to inform recipients how to fill-in the follow-up question.</p>
<p>Wording update has been updated and is noted as a required question. Select from a drop-down: Yes or No.</p>

Wording update to inform recipients how to fill-in the follow-up question.

Confirm wording update

Confirm wording update

Confirm wording update/optional question

Confirm wording update/optional question

Confirm wording update

Confirm wording update

The following are the Select Questions on Advisory Committee Meetings and Annual Budget that were separated into Workplan and Advisory Committee Module from the original Workplan Module.

Advisory Committee Data Collection Instrument

In this UIC, users will add/edit members of the Advisory Committee and add information about meetings and public hearings.

Add/Edit A Member

If the user has selected "Edit A Member," the system displays a list of names to choose which one to edit. Block Grant Coordinators

1. Member Name: [Short Text]
2. Member Title: [Short Text]
3. Organization Name: [Short Text]
4. Please select all the relevant constituencies, organizations, or perspectives represented by this member. (check all that apply)
 - Community-based organization
 - Community resident
 - County and/or local health department
 - Minority-related organization
 - Schools of public health
 - Other (please specify below)
5. [If "Other" is chosen above, answer this question. Otherwise skip to question 6] Other constituencies, organizations, or perspectives represented by this member: [Text]
6. Is this member the chair of the Advisory Committee? [Yes/No] (If no, skip to question 8)
7. [If "Yes" is chosen above, answer this question. Otherwise skip to question 8] Is this member the Lead Health Officer?
8. Year this member first joined the Advisory Committee: [Year]
9. Year this member left the Advisory Committee: [Year]
10. (Optional) Deactivate/Reactivate this Member

Add/Edit A Meeting

Block Grant Coordinators can edit any meetings of their own Advisory Committee in the current or upcoming federal fiscal year.

If the user has selected "Edit A Meeting," the system displays a list of previously entered and editable meetings to choose which one to edit.

1. Title of Meeting: [Short Text]
2. Date of Meeting: [date, day/month/year]
3. Federal Fiscal Year(s) of the Work Plan discussed at this meeting: [date, 4-digit year only] *Allow multiple entries
4. Type of Meeting: *Choose one
 - Advisory Committee Meeting (skip to question 7)
 - Public Hearing
5. [If the answer to 4 was "Public Hearing," answer questions 5 and 6. Otherwise, skip to question 7.] How was the meeting conducted?
 - Email Announcement
 - Flyers
 - Phone Calls
 - Mass Text Message
 - In Person
 - Press Release
 - Website
 - Mailings
 - Radio

- TV
 - Social Media (e.g. Facebook and Twitter)
 - Other; please specify _____
6. How was the draft Work Plan made available for public viewing?
- Email Announcement
 - Flyers
 - Phone Calls
 - Mass Text Message
 - In Person
 - Press Release
 - Website
 - Mailings
 - Radio
 - TV
 - Social Media (e.g. Facebook and Twitter)
 - Other; please specify _____
7. Please select all the committee members who attended this meeting: **Select all that apply* [Multiple selection]
- Firstname Lastname 1
 - Firstname Lastname 2...
8. Did the chair of the Advisory Committee chair this meeting? [Yes/No]
- a. *If NO, answer questions 9 & 10*
 - b. *If YES, skip to question 10*
9. [If the answer to 8 was YES, skip to question 10] Who chaired this meeting under delegated authority from the
- Firstname Lastname 1
 - Firstname Lastname 2...
10. Please upload the minutes from this meeting. [File Upload]

Budget Data Collection Instrument

1. Federal Fiscal Year of this budget: [Auto-populated from Allocation Table UIC]
2. Recipient: [Auto-Populated from User Profile UIC]
3. Total Allocation for the current federal fiscal year: [Auto-Populated from Allocation Table UIC] **Auto-populated*
4. Annual Basic Allocation for the current federal fiscal year: [Auto-Populated from Allocation Table UIC] **Auto-populated*
5. Sex Offense Allocation for the current federal fiscal year: [Auto-Populated from Allocation Table UIC] **Auto-populated*
6. Basic Admin Cost: [Number]
7. Are you receiving Direct Assistance?
 - a. Yes
 - b. No (*Skip to Question 9*)
8. [If the answer to question 7 was Yes, answer this question. Otherwise skip to question 9] Direct Assistance Amount: [Number]
9. Sex Offense Admin Cost: [Number]
10. Remaining Basic Allocations for Programs: [Number] **This is auto-generated by subtracting the Basic Admin Cost from the Total Allocation*
11. Remaining Sex Offense Allocations for Programs: [Number] **This is auto-generated by subtracting the Sex Offense Admin Cost from the Sex Offense Allocation*

be accessed at any time.

it any members of their own Advisory Committee. When a name is chosen, the system opens that entry for editing.

as apply) [Multiple selection list with the following options:]

perspectives represented by this member: [text field, 250 character limit.]

his jurisdiction? [Yes/No]

After the meeting is held, the Advisory Committee information for that federal fiscal year can no longer be edited.

When a name is chosen, the system opens that entry for editing. If the user has selected "Add A Meeting,"

invited to the Public Hearing? *Select all that apply

populated by the names of all current active members of the advisory committee for that federal fiscal year.

the Advisory Committee? *Choose one [Single Option Selection List that is populated with the names of every

Allocation Table from table field **[Recipient Name] Total Allocation**. If there is no finalized Allocation Table, the system will default to the Allocation Table from table field **[Recipient Name] Basic Allocation**. If there is no finalized Allocation Table, the system will default to the Allocation Table from the Allocation Table field **[Recipient Name] Sex Offense Allocation**. If there is no finalized Allocation Table

number]

Annual Basic Allocation for the current federal fiscal year
Cost from the Sex Offense Allocation for the current federal fiscal year

dition. If the user has selected "Add A Member," the system opens a blank form for them to complete. They v

the system opens a blank form for them to complete.

]

member selected in question 5]

ystem will give an error.

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e, the system will give an error.

vill complete all the questions for each member of the committee.