

Attachment F: Workplan Program Questions

CDC

Centers for Disease Control and Prevention

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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)

BGIS Portal

The public reporting burden of this collection of information is estimated to average 11 hours per response, including 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, HS 21-8, Atlanta, Georgia 30333 ATTN: PRA (0620-0106)

OMB No. 0620-0106, Exp. 02/28/2024

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Support
Knowledge Base
Forums

Work Plan

WP Fiscal Year

▼

Apply

Create

Work Plan Name	Recipient Name	WP Fiscal Year ↑	Created On	
WP-1071-2021	DPPS	2021	6/11/2021 4:21 PM	ⓘ
WP-1089-2021	DPPS	2021	8/2/2021 9:32 AM	ⓘ
WP-1090-2021	DPPS	2021	8/24/2021 11:15 AM	ⓘ
WP-1093-2021	DPPS	2021	12/28/2021 9:44 AM	ⓘ
WP-1175-2023	DPPS	2022	3/31/2023 11:45 AM	ⓘ
WP-1110-2022	DPPS	2022	5/12/2022 2:16 PM	ⓘ
WP-1117-2022	DPPS	2022	5/16/2022 11:58 AM	ⓘ
WP-1120-2022	DPPS	2022	5/16/2022 2:30 PM	ⓘ
WP-1138-2022	DPPS	2022	6/6/2022 11:50 AM	ⓘ
WP-1140-2022	DPPS	2022	6/7/2022 1:50 PM	ⓘ

Work Plan Create Process

[1 Enter General Information](#) |
 [2 Add Files to Upload](#) |
 [3 Enter Budget Information](#)

General Information

Work Plan Name *

Recipient Name *

DPPS ✕ 🔍

Fiscal Year *

▼

Associated Budget

Save and Next

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Christina Swiney ▾

Home / Work Plan / Work Plan Create Process

Work Plan Create Process

1 Enter General Information ✓

2 Add Files to Upload

3 Enter Budget Information

Document Location

Certifications Form Annual Signature – Signed and uploaded and Certifications and Assurances Statement – Governor's Signature

Add files

There are no folders or files to display.

Save and Previous

Save and Next

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Work Plan Create Process

1 Enter General Information ✓

2 Add Files to Upload

3 Enter Budget Information

Document Location

Certifications Form Annual Signature – Signed and uploaded and Certifications and Assurances Statement – Governor's Signature

Add files

There are no folders or files to display.

Save and Previous

Save and Next

Add files

Choose files

Choose Files | No file chosen

☒ Overwrite existing files

Add files

Cancel

Work Plan Create Process

1 Enter General Information ✓ 2 Add Files to Upload ✓ 3 Enter Budget Information

General Information

Budget Name *

—

Recipient Name *

DPPS

x

Q

Work Plan Name *

Q

Fiscal Year *

▼

Allocation Table

<https://bgis-dev.powerappsportals.us/AllocationTable.pdf>

Basic Allocation

A: Basic Administrative Cost *

Q1: Are you receiving Direct Assistance? *

▼

B: Direct Assistance Amount: (Enter amount if you answered Yes to Q1 else enter 0) *

C: Total Available for Program Allocation (Basic) *

D: Total Annual Basic Allocation for the current FY (A + B + C). NOTE: This amount MUST match your Annual Basic Allocation from the Allocation Table. *

Sex Offense Set-Aside Allocation

E: Sex Offense Administrative Cost *

F: Total Available for Program Allocation (Sex Offense) *

G: Total Annual Sex Offense Set-Aside Allocation for the current FY (E + F). NOTE: This amount MUST match your Annual Sex Offense Set-Aside Allocation from the Allocation Table. *

H: Total FY Allocation (D+G) Note: This amount MUST match I: Total FY Award from the Allocation Table.

I: Total FY Award (Copy from Allocation Table)

Save and Previous

Save and Close

Programs

Work Plan Name

▼

Program Fiscal Year

▼

Apply

Create

Program Name/Title	HP2030 Objective	Work Plan Name	Recipient Name ↑	Created On	Program Fiscal Year	
Test - Test Bridges	A-02 Reduce the proportion of adults with arthritis whose arthritis limits their activities	WP-1090-2021	DPPS	3/23/2023 4:55 PM	2023	🗕
Eliminate TB (ETB)	ID-17 Reduce tuberculosis cases	WP-1071-2021	DPPS	6/11/2021 6:19 PM	2021	🗕
Develop Community Health Improvement Plans	PHI-05 Increase the proportion of local jurisdictions that have a health improvement plan	WP-1071-2021	DPPS	6/11/2021 7:17 PM	2021	🗕
Childhood Oral Health	OH-02 Reduce the proportion of children and adolescents with active and untreated tooth decay	WP-1071-2021	DPPS	6/11/2021 7:24 PM	2021	🗕
Encouraging Physical Activity in Child Care Centers	PA-R01 Increase the proportion of child care centers where children aged	WP-1071-2021	DPPS	6/11/2021 7:30 PM	2021	🗕

Create Program

1 Program Details 2 Define Problem 3 Program Strategy 4 Positions Funded by PHHS Block Grant 5 Target Population

General Information

Program Name/Title *

Recipient Name *

Work Plan Name *

Program Fiscal Year *

Program Allocation Data Table

Current Year Total Funds budgeted to this program *

Current Year Basic Funds budgeted to this program *

Current Year Sex Offense Funds budgeted to this program *

Program Information

Healthy People 2030 Objective *

Recipient Health Objective for this Program *

Were PHHS Block Grant funds used to respond to an emerging need or outbreak as part of the program? *

What was the funding role of the PHHS Block Grant for this program? *Choose one *

What percentage of the funding for this program is PHHS Block Grant funding? *

What existing funding source(s) will PHHS Block Grant funds supplement? *

☐ None

Current Year Basic Funds budgeted to this program *

Current Year Sex Offense Funds budgeted to this program *

Details About Program Funding

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) *

Type of supported local agency/organization. Choose all that apply: *

- ☐ Local Health Department
☐ Tribal Health Department/Agency
☐ Other Local Government
☐ Local Organization
☐ Other

If Other Please Specify

What existing funding source(s) will PHHS Block Grant funds supplement? *

☐ None

☐ State or local funding

☐ Other federal funding (CDC)

Please Specify 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

If Other Please Specify

Role of PHHS Block Grant Funds in Supporting this Program: *Choose one *

Save and Next

Define Public Health Problem

Define the public health problem this program will address

One-sentence summary of the problem this program will address: *

One-paragraph description of the problem this program will address: *

How was the public health problem prioritized? Select all that apply *

- ☐ Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment)
- ☐ Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)
- ☐ Identified via surveillance systems or other data sources
- ☐ Prioritized within a strategic plan
- ☐ Declared as an emergency within your jurisdiction
- ☐ Governor (or other political leader) established as a priority
- ☐ Legislature established as a priority
- ☐ Tribal government/elected official established as a priority
- ☐ Other

If Other Please Specify

Describe in one paragraph the key indicator(s) affected by this problem: *

Baseline value of the key indicator described above: *

Data source for key indicator baseline: *

Date key indicator baseline data was last collected: *

Create Program

Program Strategy

Program Strategy

One sentence Program Goal: *

1A. Is this program specifically addressing a Social Determinant of Health (SDOH)? *

☒ No ☐ Yes

1B. Which SDOH are you addressing with this program? Select all that apply: (Required if you answered Yes for 1A)

- ☐ Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability)
- ☐ Education (e.g. low high school graduation rates, low literacy levels, poor early childhood education)
- ☐ Social and Community Context (e.g. discrimination, low civic participation, poor workplace conditions, incarceration)
- ☐ Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)
- ☐ Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime)

Planned non-monetary support to local agencies or organizations: Select all that apply: *

- ☐ None
- ☐ Technical Assistance
- ☐ Training
- ☐ Resources/Job Aids
- ☐ Other

If Other Please Specify

One Paragraph Summary of Evaluation Methodology:

Program Setting(s): Select all that apply: *

- ☐ Business, corporation or industry
- ☐ Childcare center

1B. Which SDOH are you addressing with this program? Select all that apply: (Required if you answered Yes for 1A)

- ☐ Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability)
- ☐ Education (e.g. low high school graduation rates, low literacy levels, poor early childhood education)
- ☐ Social and Community Context (e.g. discrimination, low civic participation, poor workplace conditions, incarceration)
- ☐ Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)
- ☐ Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)
- ☐ Adverse Childhood Experiences (ACEs)

Summary/Description of Program Strategy

List of Primary Strategic Partners *

One Paragraph Summary of Evaluation Methodology:

Program Setting(s): Select all that apply: *

- ☐ Business, corporation or industry
- ☐ Childcare center
- ☐ Community based organization
- ☐ Faith based organization
- ☐ Home
- ☐ Local health department
- ☐ Medical or clinical site
- ☐ Parks or playgrounds
- ☐ Rape crisis center
- ☐ Schools or school district
- ☐ Senior residence or center
- ☐ State health department
- ☐ Tribal nation or area
- ☐ University or college
- ☐ Work site
- ☐ Other

If Other Please Specify

Save and Previous

Save and Next

1 Program Details ✓ 2 Define Problem ✓ 3 Program Strategy ✓ 4 Positions Funded by PHHS Block Grant 5 Target Population

Positions Funded

Positions Funded by PHHS Block Grant

Total positions in this program funded with PHHS Block Grant dollars? *

Number of FTEs in this program funded with PHHS Block Grant dollars? *

Create/Edit Positions

+ Create

Program Name/Title	Position Title ↑	Staff name in position	Work Plan Name	Recipient Name
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There are no records to display.

Save and Previous

Save and Next

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1 Program Details

Positions

Positions

Total positions

2

Number of FT

2

Create/Edit

Program Name

There are no records to display

Create

General Information

Position Title *

Program Name/Title *

Recipient Name *

Work Plan Name *

1A. Is this position vacant? *

1B. Staff name in position (Required if you answered No to 1A)

Percent of staff member's time spent working in each area (funded with

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1 Program Details

Positions

Positions

Total positions

2

Number of FT

2

Create/Edit

Program Name

There are no records to display

Create

Percent of staff member's time spent working in each area (funded with PHHS Block Grant dollars)

2A. Jurisdiction-level: *

2B. Percent Time funded with PHHS Block Grant dollars - Jurisdiction: (Required if you answered Yes to 2A)

3A. Local: *

3B. Percent Time funded with PHHS Block Grant dollars - Local: (Required if you answered Yes to 3A)

4A. Other: *

4B. Percent Time funded with PHHS Block Grant dollars - Other: (Required if you answered Yes to 4A)

5A. Total: *

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Programs

Create Program

1 Program Details

Positions Funded

Positions Funded by PHHS Block Grant

Create/Edit Target Population

Total positions funded

2

Number of FT positions

2

Create/Edit Target Population

Program Name

Objective Name

Work Plan Name

Recipient Name

Target Population Name

There are no records to display.

Create

Create

×

- Other: (Required if you answered Yes to 4A)

5A. Total: *

☐ No ☒ Yes

5B. Percent Time funded with PHHS Block Grant dollars

- Total: (Required if you answered Yes to 5A)

Recruitment

1C. If the position is vacant, describe the recruitment/hiring plan to fill it (Required if you answered Yes to 1A)

Save

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Programs

Create Program

Create Program

1 Program Details

2 Define Problem

3 Program Strategy

4 Positions Funded by PHHS Block Grant

5 Target Population

Target Population

Create/Edit Target Population

Create

Program Name/Title

Objective Name

Work Plan Name

Recipient Name

Target Population Name

There are no records to display.

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Save and Close

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Objectives & Activities

Work Plan Name

Objective Fiscal Year

Apply

Create

Objective Name

Collect TB Data Sets

Partnership Development & Patient Education

TEST 2022 Objective 1

Test WFF Objective One for Program 1 in WP 1093

Test WFF Objective Two for Program 1 in WP 1093

Test WFF Objective One for Program 2 in WP 1093

Test Objective 1 Childhood Oral Health

Test 2 Objective Correlta 7/28/23

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Create Objectives & Activities

1 Objective Details

2 Intervention Information

3 Target Population

4 Activities

General Information

Objective Name *

Program Name/Title *

Recipient Name *

Work Plan Name *

Objective Fiscal Year *

Objectives Section

Program SMART Objective *

Is the public health problem for this Objective the same as the problem for the program as a whole, or is it a subset of the larger problem? *

Objectives Section

Program SMART Objective *

Is the public health problem for this Objective the same as the problem for the program as a whole, or is it a subset of the larger problem? *

Please provide a one-sentence summary of the problem for this objective: *

Please provide a one-paragraph description of the problem for this objective: *

Describe in one paragraph the key health indicator(s) affected by this problem: *

Baseline value for the key indicator described above: *

Data source for key indicator baseline: *

Date key indicator baseline data was last collected - example 20XX: *

Save and Next

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Create Objectives & Activities

1 Objective Details ✓ 2 Intervention Information 3 Target Population 4 Activities

Intervention Information

Intervention Information Section

One-sentence summary of intervention *

One-paragraph description of intervention *

Is this an evidence-based intervention, or an innovative/promising practice? *

Evidence Source for Intervention: (Select all that apply) *

- ☐ Best Practice Initiative (U.S. Department of Health and Human Services)
- ☐ Guide to Clinical Preventive Services (Task Force on Community Preventive Services)
- ☐ MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
- ☐ Model Practices Database (National Association of City and County Health Officials)
- ☐ National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
- ☐ Promising Practices Network (RAND Corporation)
- ☐ Other
- Please describe other:
-

Rationale for choosing the intervention: *

Item to be measured: *

Unit of measurement: *

Baseline value for the item to be measured: *

Data Source for baseline: *

Date baseline was last collected: *

Interim Target Value to be achieved by the Annual Progress Report: *

Final Target Value to be achieved by the Closeout Report: *

Target Population of Program Section

Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? *

Save and Previous

Save and Next

Create Objectives & Activities

1 Objective Details ✓ 2 Intervention Information ✓ 3 Target Population 4 Activities

Target Population

Create/Edit Target Population

Create

Program Name/Title ↓	Objective Name	Work Plan Name	Recipient Name	Target Population Name
----------------------	----------------	----------------	----------------	------------------------

There are no records to display.

Save and Previous

Save and Next

Home

Review

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Home / Objectives

Create

1 Objective Definition

Target Population

Create/Edit

Program Name

There are no other objectives in this program.

Save and Preview

Create

General Section

Recipient Name *
DPPS

Work Plan Name *

Target Population is for: *

Target Population Section. Note: only complete the sections of this form that describe traits of the target populations that are relevant to this program. For example, if the program is targeting all people in a specific age range, it is not necessary to describe all the other demographic data of the population here

Target Population Data Source. Please include date *

Number of People Served *

Home

Review

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Create

1 Objective Definition

Target Population

Create/Edit

Program Name

There are no other objectives in this program.

Save and Preview

Create

Ethnicity: (Select all that apply) *

☐ Hispanic or Latino

☐ Non-Hispanic or Latino

Race: (Select all that apply) *

☐ American Indian or Alaskan Native

☐ Native Hawaiian or Other Pacific Islander

☐ Asian

☐ White

☐ Black or African American

Age: (Select all that apply) *

☐ Under 1 year

☐ 45 - 54 years

☐ 1 - 4 years

☐ 55 - 64 years

☐ 5 - 14 years

☐ 65 - 74 years

☐ 15 - 24 years

☐ 75 - 84 years

☐ 25 - 34 years

☐ 85 years and older

☐ 35 - 44 years

Create Objectives & Activities

1 Objective Details ✓ 2 Intervention Information ✓ 3 Target Population ✓ 4 Activities

Activities

Create/Edit Activities

[+ Create](#)

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

There are no records to display.

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[Save and Close](#)



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Home | Christina Swine

Home / Objective Data

Create

1 Objective Data

Activities

Create/Edit

Activity Title

There are no activities

Save and Preview

Create

General Information

Activity Title *

Objective Name *

Recipient Name *

DPPS

Work Plan Name *

Activity Fiscal Year *

Details Section

One-sentence summary of the Activity: *

One-paragraph description of the Activity: *

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Home / Objective Data

Create

1 Objective Data

Activities

Create/Edit

Activity Title

There are no activities

Save and Preview

Create

Details Section

One-sentence summary of the Activity: *

One-paragraph description of the Activity: *

Does the activity include the collection, generation, or analysis of data? *

☒ No ☐ Yes

Does the data collection involve public health data? *

☒ No ☐ Yes

Additional Information about the activity:

Save