

Attachment G: Annual Progress Report Worksheet

Instructions: Complete this form for each program listed in the work plan.

Note: fields in gray that include the note [Auto-populated from...] will be automatically filled in based on the information in the work plan.

Program Report Table

1. Program Name: [Auto-populated from Program Information Data Table > Program Name]
2. Recipient Name: [Auto-populated from Program Information Data Table > Recipient Name]
3. Work Plan Name: [Auto-populated from Program Information Data Table > Work Plan Name]
4. Program Strategy: [Auto-populated from Program Strategy > Summary of Program Strategy]
5. Primary Strategic Partners: [Auto-populated from Program Strategy > Primary Strategic Partners]
6. Program Fiscal Year: [Auto-populated from Program Information Data Table > Fiscal Year]
7. Program Goal: [Auto-populated from Program Strategy > Program Goal]
8. Did you use PHHS Block Grant funding to gain additional support for this program during this federal fiscal year? *Choose one
 - ☐ Yes
 - ☐ No
9. 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)
 - ☐ We blended Block Grant funding with funding from other sources
 - ☐ Block Grant funding enabled us to receive matching funds from another source
 - ☐ We received in-kind support from another source (e.g., resources, staffing)
 - ☐ We gained increased buy-in or leadership support for the program
 - ☐ Block Grant funds were leveraged with resources from other organizations to contribute to jurisdiction-wide priority
 - ☐ Other, please specify [Short Text]
10. Did you provide support (monetary or non-monetary) to any local agencies or organizations?
 - a. No
 - b. Yes, monetary support
 - c. Yes, non-monetary support

CDC estimates the average public reporting burden for this collection of information as 11 hours per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 burden to **CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, HS 21-8, Atlanta, Georgia 30333 ATTN: PRA (0920-0106)**

- d. Yes, both monetary and non-monetary support
- 11. Would you like to highlight this program as a success story? **Choose One*
 - a. Yes
 - b. No
- 12. (Required if you answered Yes to Q1) Please describe why you chose to highlight this program: [Short Text]
- 13. Were there any products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money? [Yes/No]
 - a. Yes
 - b. No
- 14. Please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products: [Short Text]

Key Challenges

- 15. What were the key challenges or barriers to success that you experienced to date in this program this year? [Text]
- 16. What strategies did you use to address those challenges or barriers? [Text]
- 17. If you used innovative approaches/promising practices in this program, did they meet your criteria for success? **Choose one*
 - ☐ Yes
 - ☐ No
 - ☐ Did Not Use Innovative/Promising Practices
- 18. 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": [Text]
- 19. (Required Final APR) Did you share your findings from the promising practice used? [Yes/No]
- 20. (Required if you answered Yes to Q19) Please provide links or citations. [Short Text]
- 21. Final APR Partners: Has the partner information changed? **Choose One*
 - a. Yes
 - b. No
- 22. (IF YES): CREATE either new Monetary or Non-Monetary Partner
- 23. Monetary Partner
 - a. Program Name: [use search lookup tool]
 - b. Monetary Partner Name
 - c. Partner Type **choose one*
 - ☐ Local Health Department
 - ☐ Tribal Health Department/Agency
 - ☐ Other Local Government
 - ☐ Local Organization
 - ☐ Other: Please specify [text]
 - d. Type of Funding Mechanism Used **choose one*
 - ☐ Grant
 - ☐ Contract
 - ☐ Other: Please Specify [Text]
 - e. Funded Amount (please enter number amount without dollar signs)

- f. Purpose of Funds (e.g. to host an event, given as a grant, etc.) [Text]

24. Non-Monetary Partner

- a. Program Name: [use search lookup tool]
- b. Non-Monetary Partner Name
- c. Partner Type **choose one*
 - ☐ Local Health Department
 - ☐ Tribal Health Department/Agency
 - ☐ Other Local Government
 - ☐ Local Organization
 - ☐ Other, please specify [Short Text]
- d. Type of Support (please select all that apply):
 - ☐ Technical Assistance
 - ☐ Training
 - ☐ Resources/Job Aids
 - ☐ Other: Please specify [text]

Local Support

25. (If answer to question 21 was “Yes, monetary support” or “Yes, both monetary and non-monetary support” answer this question, otherwise skip) Please list the local agencies/organizations you provided with MONETARY support. [First line on table will appear by default and be followed by a button/option to Add Another] [They will complete the following questions for each partner]
- a. Program Name [use search module to select from list of programs]
 - b. Monetary Partner Name: [Short Text]
 - c. Partner Type: **choose one*
 - ☐ Local Health Department
 - ☐ Tribal Health Department/Agency
 - ☐ Other Local Government
 - ☐ Local Organization
 - ☐ Other, please specify [Short Text]
 - d. Type of Funding Mechanism Used:
 - ☐ Grant
 - ☐ Contract
 - ☐ Other, please specify [Short Text]
 - e. Funded Amount: [Text]
 - f. Purpose of Funds (e.g. to host an event, given as a grant): [Short Text]
26. Please list the local agencies/organizations you provided with NON-MONETARY support [First line on table will appear by default and be followed by a button/option to Add Another] [They will complete the following questions for each partner]
- a. Program Name [use search module to select from list of programs]
 - b. Partner Name: [Short Text]
 - c. Partner Type: **choose one*

- o Local Health Department
 - o Tribal Health Department/Agency
 - o Other Local Government
 - o Local Organization
 - o Other, please specify _____
- d. Type of Support **Select all that apply*
- ☐ Technical Assistance
 - ☐ Training
 - ☐ Resources/Job Aids
 - ☐ Other (please specify) _____

Objectives and Activities Report Table

27. Program SMART Objective Name: [Auto-populated from Objectives & Activities > Objective Information > Program SMART Objective Name]
28. Program SMART Objective: [Auto-populated from Objectives & Activities > Objective Information> Program SMART Objective]
29. Baseline: [Auto-populated from Objectives & Activities > Objective Information> baseline value]
30. Interim Target: [Auto-populated from Objectives & Activities > Objective Information, in the format: Your interim target was [Interim Target Value] [unit of measurement] [item to be measured]]
31. Achieved so Far: [Number]
32. Met/Not Met: **Choose one*
33. (Optional) If interim target was not met, enter amount below target. [number]
34. If interim target was not met, what are the key factors that contributed to the target not being met? [Text]
35. 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? [Text]
36. One-sentence summary of results towards this Program SMART Objective: [Short Text]
36. One-paragraph description of results towards this Program SMART Objective: [Short Text]

(If report type is **Final Progress Report** – answer this set of questions)

37. Final Target: [Auto-populated from Objectives & Activities > Objective Information, in the format: Your final target was [final Target Value] [unit of measurement]s [item to be measured]]
38. Achieved: [Number]
39. Met/Not Met: [Auto-populated based on the number entered]
40. Distance from Target: [Auto-populated, calculated in system]
41. (IF NOT MET) What are the key factors that contributed to the target not being met? [Text]
42. (IF NOT MET) What are you planning to do to address these factors in the future? [Text]

43. 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): [Text]
44. One-sentence summary of results towards this Program SMART Objective: [Short Text]
45. One-paragraph description of results towards this Program SMART Objective: [Short Text]

Activities

46. Activity: [Auto-populated from Objectives & Activities > Activity Information> Activity Name]
47. Program Name: [use search lookup tool]
48. Status: **Choose one*
- ☐ Met
 - ☐ Not Met
 - ☐ Canceled **If selected, answer follow-up that will pop-up*
49. Please provide a one-sentence explanation if cancelled: [Text]
50. Summary of Outcome: [Text]
51. Click *Save* in the blue box to close the activity. Complete all additional activities within the objective. Once all the activities have been completed, click *Submit* at the bottom of the objectives page to save your work and move on to the next objective. Complete steps 1-10 (above) for each objective.