

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PROJECT WORK PLAN		FOR HRSA USE ONLY	
		Application Tracking Number	Grant Number
Objective	May include required, elective, and applicant choice objectives		
Objective Title			
Objective Description			
PCA only: Health Center Supplemental Funding (maximum of 100 characters)	Field will only appear if an applicant includes one or more Health Center Supplemental Funding Support Objectives.		
PCA only: Technical Assistance (TA) Needs Narrative (maximum of 3,500 characters)	Describe the specific need(s) of the health centers for each objective.		
PCA only: Technical Assistance (TA) Baseline Number	Provide a numerical value for the baseline count of health centers that have received technical assistance at the time of the application.		
Baseline Data	Baseline data for some measures is prepopulated, and for some measures data must be entered by the applicant.		
For HCCN/NTAP only: Number or Baseline Numerator	Provide the number of Participating Health Centers (PHCs) that meet the objective at the time of the application or the baseline number for the Objective measure.		
HCCN only: Baseline Denominator			
HCCN only: Baseline Percentage	Field is automatically calculated if the denominator field is presented.		
Baseline Data Source	Provide source of baseline data when supplied by applicant.		
Objective Target	Provide a numerical value to be achieved by the end of the project period for each required objective.		
HCCN only: Target Percentage			
For Progress Reports Only: Current Number	Current data for some measures is pre-populated, and for some measures data must be entered by the applicant for each required objective.		
For Progress Reports Only: Current Number or Numerator	Provide numeric progress toward achieving the objective target.		

For Progress Reports Only: Current Denominator		
For Progress Reports Only: Percent Progress Toward Objective Target	System calculated percentage progress based on current data compared to baseline and objective target data.	
For PCA/NTAP Only: Objective Impact Narrative (maximum of 2,500 characters)	Describe the overall impact the planned activities are predicted to have on the Objective by the end of the period of performance. Reference data sources used to determine the expected impact.	
Partner Organization(s) Field (maximum 1000 characters)	Provide the names of organizations that will actively support this objective, if applicable. The organizations listed must align with Letters of Agreement provided in Attachment X: Letters of Support.	
For PCA/NTAP Progress Reports Only: Objective Impact Narrative Progress	Describe progress toward achieving the predicted overall impact. Reference data sources used to determine the impact progress.	
Key Factor Type	Identify two to five key factors that will contribute to and restrict progress on achieving the objectives. Select from the predefined key factor type: Contributing or Restricting. At least one of each key factor must be identified.	
Key Factor Description (maximum 500 characters)	Describe the key factors, citing supporting data sources, such as needs assessments and focus groups.	
PCA and NTAP: Technical Assistance (TA) Session Target	Provide estimates of the number of TA engagements, such as TA sessions, planned through the end of the period of performance.	
For PCA/NTAP Progress Reports Only: Technical Assistance (TA) Session Target Progress	Provide numeric and narrative progress toward achieving the T/TA session target.	
For PCA/NTAP Only: Technical Assistance (TA) Participation Target	Provide the number of health center representatives that will participate in the TA sessions through the end of the period of performance.	

For PCA/NTAP Progress Reports Only: Technical Assistance (TA) Participation Target Progress	Provide numeric and narrative progress toward achieving the participation target.	
For PCA and NTAP Only: Participant Rating of Technical Assistance (TA) Usefulness Target	Provide an estimate of the average participant rating of TA sessions over the course of the period of performance based on Formal TA Session participant surveys. Use a 5-point Likert satisfaction rating scale.	
For PCA/NTAP Progress Reports Only: Participant Rating of Technical Assistance (TA) Usefulness Target Progress	Provide numeric and narrative progress toward achieving the participant rating of the TA usefulness target.	
For NTAP only: Activity Audience	Select one predefined Activity Audience for each proposed Activity: Small Group Training or National Audience.	
For PCA Only: Activity Audience (maximum 7,500 characters)	Describe an Activity Audience for each activity.	
Activity Name (maximum 200 characters)	Provide a unique name for each activity that can be used to distinguish between similar activities.	
Need(s) Activity Addresses (maximum 1000 characters)	List the need(s) identified in your Project Narrative that the activity will address.	
Performance Domain(s)	Identify the <u>performance</u> domain(s) that the activity will help health centers reach a higher level of performance.	

Activity Description (maximum 7,500 characters)	Describe the proposed activity and how it will support Objective Target attainment. For PCAs: Propose 2-6 activities for each objective. For NTAPs: Propose 3-15 activities, with at least 1 activity	
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	<p>for each Activity Audience type, for each objective.</p> <p>For HCCNs: Propose 2-4 activities for each objective.</p>	
For NTAP Progress Report Only: Technical Assistance (TA) Engagement Target Progress Number	Provide numeric and narrative progress toward achieving the TA engagement target.	
For NTAP: Small Group Training Behavior Change Target	<p>Provide the average participant behavior change score predicted over the budget year for this small group training based on the TA session participant surveys administered within 3-6 months of participants receiving TA. Use a 5-point Likert satisfaction rating scale.</p> <p>Required only if "Small Group Training" is selected in the Activity Audience field.</p>	
For NTAP Progress Report Only: Small Group Training Behavior Change Number	Provide numeric and narrative progress toward achieving the small group training behavior change target.	
Person/Group Responsible (maximum 1,000 characters)	Identify the person(s)/position(s) that will be responsible and accountable for carrying out each Activity.	
Target Start Date	Provide a targeted start date for each activity.	
Target End Date	Provide a targeted end date for each activity.	
For PCA/NTAP Only: Expected Activity Outcome (maximum 7,500 characters)	Identify the principal outcome for each Activity.	
For PCA/NTAP Progress Report Only: Activity Progress Update (maximum	Provide progress for each activity through the end of the budget period.	

7,500 characters)		
Comments (maximum 7,500 characters)		
Update/provide supplementary information related to entries in the project work plan, as desired. Not required; this field can be left blank.		
For Progress Reports Only: Anticipated Activity Progress (maximum 7,500 characters)		
Provide the anticipated progress description for each planned activity.		

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) are patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients and adjust fees based on income and family size. 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. 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. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/202X. 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 4 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.