



FY 20XX Native Hawaiian Health Care Improvement Act (NHHCIA) Sample Project Work Plan

(Required for POL)

You must upload a Project Work Plan for the 3-year period of performance (August 1, 20XX through July 31, 20XX). The information in your Project Work Plan must align with your Project Narrative and the required elements of the NHHCIA legislation. The table below is for reference only. Add as many Goals and Key Actions as necessary to fully describe your plans,

Goal 1:					
Key Action Steps	Timeline	Expected Outcome	Data	Person/Area Responsible	Collaborative Partners
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>Include a completion date (month and year) for each action step.</i>	<i>Include a predicted outcome for each action step.</i>	<i>Identify the data you will use to track progress toward the goal.</i>	<i>Identify who will be accountable for each action step.</i>	<i>List partnering agencies or organization(s) that will contribute to this action step.</i>

Goal 2:					
Key Action Steps	Timeline	Expected Outcome	Data	Person/Area Responsible	Collaborative Partners
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>Include a completion date (month and year) for each action step.</i>	<i>Include a predicted outcome for each action step.</i>	<i>Identify the data you will use to track progress toward the goal.</i>	<i>Identify who will be accountable for each action step.</i>	<i>List partnering agencies or organization(s) that will contribute to this action step.</i>

Goal 2:					
Key Action Steps	Timeline	Expected Outcome	Data	Person/Area Responsible	Collaborative Partners

Goal 3:					
Key Action Steps	Timeline	Expected Outcome	Data	Person/Area Responsible	Collaborative Partners
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>Include a completion date (month and year) for each action step.</i>	<i>Include a predicted outcome for each action step.</i>	<i>Identify the data you will use to track progress toward the goal.</i>	<i>Identify who will be accountable for each action step.</i>	<i>List partnering agencies or organization(s) that will contribute to this action step.</i>

Goal 4:					
Key Action Steps	Timeline	Expected Outcome	Data	Person/Area Responsible	Collaborative Partners
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>Include a completion date (month and year) for each action step.</i>	<i>Include a predicted outcome for each action step.</i>	<i>Identify the data you will use to track progress toward the goal.</i>	<i>Identify who will be accountable for each action step.</i>	<i>List partnering agencies or organization(s) that will contribute to this action step.</i>

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 0.25 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.