Identify your Level: [ ]  SEA [ ]  LEA Identify your Approach: [ ]  ESHE [ ]  SHS [ ]  SSE

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| **5 Year Goal 1: Provide effective CBA to support sustainable initiatives in districts and schools that contribute to reductions in HIV/STD infections among adolescents, and reductions in disparities in HIV/STD infections experienced by specific adolescent sub-populations.** |

Program Context: *(Insert narrative text here.)*

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| **Required Activities** |
| 1. Identify and disseminate research on approach and policies that have successfully addressed school-based HIV/STD prevention.
 |
| **Date to Complete** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
|  | a. |  |  |  |  |  |  |
|  | b. |  |  |  |  |  |  |
|  | c. |  |  |  |  |  |  |
| 1. Create Web site content, slide shows, or written documents that identify policies and practices that are effective in improving school efforts to implement approach.
 |
| **Date to Complete** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
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|  | c. |  |  |  |  |  |  |
| 1. Provide CBA to awarded education agencies to implement required approach through professional development (PD), training, technical assistance (TA), follow-up support (FUS) (e.g., mentoring, coaching, site visits), financial or other incentives; tools/resources, policy assessment, and implementation support.
 |
| **Date to Complete** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
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|  | c. |  |  |  |  |  |  |
| 1. Disseminate modified or existing tools, resources, and materials to support education agencies to implement required approach.
 |
| **Date to Complete** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
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|  | c. |  |  |  |  |  |  |
| 1. As necessary, revise scope and degree of CBA to education agencies based on program monitoring.
 |
| **Date to Complete** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
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|  | c. |  |  |  |  |  |  |
| 1. Apply CDC PD Practices in planning and implementing PD, TA, and FUS.
 |
| **Date to Complete** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
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|  | c. |  |  |  |  |  |  |
| 1. Actively participate in a minimum of two CDC/DASH approved in-person trainings each year.
 |
| **Date to Complete** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
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|  | c. |  |  |  |  |  |  |
| 1. Comply with the “Requirements for Contents of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention (CDC) Assistance Programs,” and submit to a Program Review Panel to review and approve all applicable materials prior to their distribution and use in any activities funded in any part with CDC assistance funds.
 |
| **Date to Complete** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
|  | a. |  |  |  |  |  |  |
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|  | c. |  |  |  |  |  |  |
| From whom do you need additional TA to implement action steps? [ ]  Not Needed [ ]  Program Consultant [ ]  CDC Surveillance Specialist [ ]  CDC Content Specialist [ ]  CDC Evaluation Specialist [ ]  Professional Development Contractor [ ]  Evaluation Contractor [ ]  Policy [ ]  Other:Describe what specific type of TA is needed to accomplish this work: |

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| **5 Year Goal 2: Improve the working relationships with strategic partners to achieve program impact and sustainability within the organization and with funded education agencies.** |

Program Context: *(Insert narrative text here.)*

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| **FOA Required Activities** |
| 1. Collaborate with other NGO awarded under Strategy 3 to coordinate activities across education agencies to minimize duplication of efforts.
 |
| **Date to Complete** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
|  | a. |  |  |  |  |  |  |
|  | b. |  |  |  |  |  |  |
|  | c. |  |  |  |  |  |  |
| 1. Leverage membership/chapter/affiliate resources to provide support for the required activities.
 |
| **Date to Complete** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
|  | a. |  |  |  |  |  |  |
|  | b. |  |  |  |  |  |  |
|  | c. |  |  |  |  |  |  |
| 1. Maximize partnerships with other federally awarded organizations to avoid duplication of efforts and leverage funds.
 |
| **Date to Complete** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
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|  | b. |  |  |  |  |  |  |
|  | c. |  |  |  |  |  |  |
| 1. Expand working relationships between education agencies, national NGOs, and PD Contractor.
 |
| **Date to Complete** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
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|  | b. |  |  |  |  |  |  |
|  | c. |  |  |  |  |  |  |
| 1. Expand partnerships with health agencies and other agencies.
 |
| **Date to Complete** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
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|  | c. |  |  |  |  |  |  |
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| 1. Identify potential options for long-term sustainability of implemented activities with awarded education agencies.
 |
| **Date to Complete** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
|  | a. |  |  |  |  |  |  |
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|  | c. |  |  |  |  |  |  |
| From whom do you need additional TA to implement action steps? [ ]  Not Needed [ ]  Program Consultant [ ]  CDC surveillance specialist [ ]  CDC content specialist [ ]  CDC evaluation specialist [ ]  Professional Development Contractor [ ]  Evaluation Contractor [ ]  Policy [ ]  Other:Describe what specific type of TA is needed to accomplish this work: |

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| **5 Year Goal 3: Provide technical assistance to educate Decision Makers on Policy Implement and Track Policy (Policy) to education agencies** **for funded approach (ESHE SHS and SSE).** |

Program Context: *(Insert narrative text here.)*

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| **FOA Required Activities** |
| 1. Support education agencies in assessing state policies and priority district policies related to approaches (ESHE, SHS, and SSE).
 |
| **Completion Date** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
|  | a. |  |  |  |  |  |  |
|  | b. |  |  |  |  |  |  |
|  | c. |  |  |  |  |  |  |
| 1. Support education agencies in assessing state policies and priority district policies related to approaches (ESHE, SHS, and SSE).
 |
| **Completion Date** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
|  | a. |  |  |  |  |  |  |
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| 1. Deliver training and TA to support the implementation of science-based policy practices related to approaches (ESHE, SHS, and SSE).
 |
| **Completion Date** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
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|  | c. |  |  |  |  |  |  |
| 1. Maintain existing strategic partnerships to support policy assessment and implementation monitoring and, if needed, developing new partnerships.
 |
| **Completion Date** | **Action Steps***Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** |
| **2** | **3** | **4** | **5** |
|  | a. |  |  |  |  |  |  |
|  | b. |  |  |  |  |  |  |
|  | c. |  |  |  |  |  |  |
| From whom do you need additional TA to implement action steps? [ ]  Not Needed [ ]  Program Consultant [ ]  CDC surveillance specialist [ ]  CDC content specialist [ ]  CDC evaluation specialist [ ]  Professional Development Contractor [ ]  Evaluation Contractor [ ]  Policy [ ]  Other:Describe what specific type of TA is needed to accomplish this work: |