

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>PROJECT WORK PLAN</b>	<b>FOR HRSA USE ONLY</b>	
	Application Tracking Number	Grant Number

<b>Goal</b>	<b>For PCAs and HCCNs:</b> All goals and objectives are required	<b>For NTTAPs:</b> All goals and objectives relevant to the selected NTTAP type are required.	
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<b>Objective</b>	Each goal includes predefined objectives that are required and may not be edited.	
Baseline Data	Baseline data for some measures is prepopulated, and for some measures data must be entered by the applicant.	
Numerator		
Denominator		
Baseline Value		
Baseline Narrative	Provide a narrative description of baseline data informed by recent needs assessments and aligned with described key factors that impact performance.	
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.	
For Progress Reports Only: Current Data	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 Numerator		
For Progress Reports Only: Current Denominator		
For Progress Reports Only: Current Data Progress Toward Objective Target Value	System calculated percentage progress based on current data compared to baseline and objective target data.	
Objective Impact Narrative	Describe the overall impact the planned activities are predicted to	

	have on the objective by the end of the project period. Reference data sources used to determine the expected impact.	
For 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 Factors  (maximum 500 characters)	Identify the factors that will contribute to and restrict progress on achieving the objectives. Cite supporting data sources, (e.g., needs assessments, focus groups).	
PCAs and NTTAPs/NTTAPs: Formal Training and Technical Assistance (T/TA) Session Target	Provide the number of formal T/TA sessions planned (e.g., structured T/TA sessions with specific objectives and outcomes) through the end of the project period in order to meet this objective target.	
For PCA/NTTAP Progress Reports Only: T/TA Session Target Progress	Provide numeric and narrative progress toward achieving the T/TA session target.	
PCAs and NTTAPs/NTTAPs: Participation Target	Provide the number of health center representatives that will participate in the formal T/TA sessions through the end of the project period in order to meet this objective.	
For PCA/NTTAP Progress Reports Only: Participation Target Progress	Provide numeric and narrative progress toward achieving the participation target.	
For PCAs and NTTAPs: Additional Process Measure(s) Target(s)	Provide goal targets for 1-2 additional process measure(s) to align with HRSA metrics.	

For PCA/NTTAP Progress Reports Only: Additional Process Measure(s) Progress	Provide numeric and narrative progress toward achieving the additional process measure(s).	
Activity Audience (NTTAPs only)	<b>For NTTAPs:</b> Select one predefined Activity Audience for each proposed Activity: Learning Collaborative or National Audience.	
Activity Name (maximum 200 characters)	Provide a unique name for each activity that can be used to quickly distinguish between similar activities.	

<b>Activity</b> (maximum 7,500 characters)	<p><b>For PCAs:</b> Propose 2-5 activities for each objective.</p> <p><b>For NTTAPs:</b> Propose at least 1 activity for each Activity Audience under each objective.</p> <p><b>For HCCNs:</b> Propose 2-3 activities for each objective.</p>	
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Person/Group Responsible (maximum 1,000 characters)	Identify the person(s)/position(s) that will be responsible and accountable for carrying out each Activity.	
For PCAs and NTTAPs: Timeline (maximum 1,000 characters)	Provide a timeline for carrying out each Activity.	
For HCCNs: Start Date	Provide a targeted start date for each activity.	
For HCCNs: End Date	Provide a targeted end date for each activity.	
Expected Activity Outcome (maximum 7,500 characters)	Identify the principal outcome for each Activity.	

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: Activity Progress (maximum 5,000 characters)

Provide a progress description for each activity.

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. 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. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/XXXX. 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 Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).