

Public Health Equity Funding Workplan Template 2024-2025

Purpose: The purpose of the workplan is to document the goals, objectives, and activities a CBO plans to advance with Public Health Equity Grant funding. This workplan is meant to help CBOs describe and organize their work and help OHA understand and communicate about local projects funded through the Public Health Equity Grant.

Instructions: For each funded project, please describe the overall goal, objectives, related activities, and outcomes you expect from your funded work. Be sure these goals are also in alignment with your budget.

Note: This document is just a sample of the workplan. Please use the Smartsheet links found on your CBO dashboard to submit the actual workplan.

The work plan template begins on Page 2 below.

Please note:

- Work plans must be approved 60 calendar days after your amended grant agreement is executed.
- CBOs that work in multiple counties are expected to submit one workplan per funded program area. CBOs are not required to submit a work plan for each county served.
- Please refer to the list of eligible activities in your grant agreement when describing your project goals.
- CBOs are encouraged to engage with Local Public Health Authorities (LPHAs) while developing the work plan to discuss priorities and opportunities for alignment. This engagement is intended to build and strengthen partnerships; CBOs are not required to obtain approval from the LPHA(s) for their planned work. CBOs are encouraged to submit work plans that are responsive to the needs and priorities of the community they serve within the scope of the funding opportunity.
- You may want to meet with staff from the OHA Program(s) funding your project or OHA Fiscal Staff before filling this out. Please contact your Community Engagement Coordinator (CEC) if you would like to meet with OHA staff to support work plan development.
- Once you have turned in your workplan/budget via the Smartsheet links, they will get reviewed by a Program Specialist and Budget Reviewer. You may receive feedback on corrections that need to be made, this is very common. If you need assistance on making any revisions, contact your Community Engagement Coordinator.

Workplan Template	Submit to OHA Via Smartsheet links found on your CBO Dashboard
<p>Which Program Funding Source is this workplan for? [focus on only one program area per workplan]</p>	<p>Your Name:</p> <p>Email Address of person completing workplan:</p>
<p>Organization:</p>	
<p>Goal:</p> <p>What is the overall goal of your funded work? (Please refer to the list of eligible activities in your grant agreement when describing your goal)</p>	
<p>Community Conditions</p> <p>Please refer to the guiding questions below to support your description of the community conditions in which you are working, considering:</p> <ul style="list-style-type: none"> • What health equity problem in your community will your work address? • What stories or data help you understand and define this problem? • What staff/FTE, partnerships, resources, and community assets will support your work? • Please provide a brief description of what services you are providing in the counties you are funded to serve. • What community partners will you work with? 	

Objective(s)

What will you achieve or what will be different in your community as a result of your funded work? List all your workplan objectives here.

Objective #1:	
Objective #2:	
Objective #2:	
Objective #3:	
Objective #4:	
Objective #5:	
Objective #6:	

Activities

Please describe the activities that will take place during your grant period. You can find the exact dates of your grant on your award letter.

Each objective above may have one or more activities. The activity fields that are not needed can simply be left *blank*. If you require more activity rows, please notify us.

Which objective above is this activity related to?	Planned activities: What will you do to achieve the objective described above	Timeline for activity Time period the activity will take place	Results: Product, partnership, process, and/or service that will be developed as a result of the activity	Method to track progress on activity for reporting	Population(s) served by activity	County/counties served by activity	Additional notes about the activity

Health outcomes

Only CBOs receiving Public Health Modernization Funds need to complete this section.

The following list of health outcome metrics are used to demonstrate that the public health system is making progress through public health modernization investments.

Select the health outcome metric(s) that your organization is addressing through your funded work. Note that your work plan objectives may be broader than only these health outcomes, but should have a link. For example: sexual health programs at a broad level would qualify for checking “reduce the spread of syphilis and prevent congenital syphilis” and providing community engagement related to emergency preparedness or health risks of wildfire would qualify for checking “building community resilience for climate threats”.

- Reduce the spread of syphilis and prevent congenital syphilis
- Increase routine vaccination rates for two-year olds
- Increase influenza vaccination rates for adults over age 65
- Build community resilience for climate threats that impact health, including extreme heat, wildfire smoke and threats to drinking water

Sustainability

What would your next steps be for this work after this funding period ends? How could you build on this work in the future?

Training and technical assistance

What training or technical assistance from OHA would help you accomplish the work described above?

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