**Section 9.0** [**REQUIRED**](#_Toc122327246) **FORMS**

* 1. **Application for Funding**

Applications should include a Project Summary using the following format:

Instructions: Health System Implementation Plan

The Health System Implementation Plan is a management tool for planning the implementation of priority evidence-based intervention (EBI) strategies and supportive activities within a health system. The plan is intended to promote program success by ensuring rigorous assessment and planning in the selection of priority EBI and supporting strategies. A well-constructed Health System Implementation Plan demonstrates readiness for implementation and likelihood of achieving outcomes. Also, the plan may be useful as a reference to identify what worked and what was less productive once implementation begins.

Things to know before you start:

* It may be helpful to develop individual plans for each clinic within a health system, however, it is not required.
* Health systems typically include more than a single clinic site. For instance, a federally qualified health center (FQHC) is often comprised of many clinic sites. The IP could include activities in either all or a subset of clinics within the health system (*Figure 1*). As a reminder, within a given health system, clinic baseline data should be collected for *each clinic* where program activities will be implemented.

**Figure 1. Baseline Assessment and Planning Tools: Example Applicant Health System, and Clinics**

= Participating clinic

**Applicant Health System**

Clinic 1

Clinic 3

Clinic 2

Health System Implementation Plan

Clinic

Baseline Data Worksheet

Clinic

Baseline Data Worksheet

Florida Department of Health  
Health System Implementation Plan

Chronic Disease Service Category: HPV Vaccination

|  |  |  |  |
| --- | --- | --- | --- |
| Health System Name | Click here to enter text. | Implementation Period | Click here to enter text. |
| Health System Point of Contact | Click here to enter text. | # of Clinics Participating in EBI Strategy Implementation | Click here to enter text. |

# I. HEALTH SYSTEM ASSESSMENT

## Current Health System Environment

*Briefly describe the current environment: internal/external (e.g., number of clinic sites, existing policy and procedures, and organizational culture). Describe the eligible patient population and the priority population, if applicable. Provide baseline rates for HPV vaccination (initiation rate, complete rate, etc.).*

Click here to enter text.

## Description of Intervention Needs

*Briefly describe the health system processes and practices that require intervention throughout the health system in order to increase HPV vaccination rates. Note if there are differences by clinic.*

Click here to enter text.

## Potential Barriers and/or Challenges

*Briefly describe any potential barriers or challenges to implementation of the EBI Strategies. Note if there are differences by clinic.*

Click here to enter text.

## Implementation Resources Available

*List or summarize the resources available to facilitate successful implementation of the EBI Strategies (e.g., EHR system, partnership with CHW organization). Note if there are differences by clinic.*

Click here to enter text.

# II. Project Description

## Objectives

List your program objectives for this health system partnership using specific, measurable, achievable, realistic, and time-bound (SMART) language. To learn more about creating SMART objectives visit [cdc.gov/phcommunities/resourcekit/evaluate/smart\_objectives.html](https://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html).

Examples:

1. By December 2018, verify and report baseline HPV vaccination rates for individuals 11-15 years of age at Health Systems Clinics: Clinic A, Clinic B, and Clinic C.
2. By December 2018, establish system for accurately reporting annual vaccination rates for individuals 11-15 years of age at health system clinics: Clinic A, Clinic B, and Clinic C.
3. By December 2018, establish new policies at Health Systems Clinics: Clinic A, Clinic B, and Clinic C to support referral of patient to selected priority evidence-based intervention strategies.
4. From February 2019 to February 2020, implement a provider assessment and feedback system in Clinics A and C, supported by enhanced EHR tickler system and training on quality HPV vaccination for participating providers in those clinics.
5. From February 2019 to February 2020, implement a client reminder system in Clinics B and C, supported by community health worker outreach to clients not responding to multiple reminders.

Click here to enter text.

## Priority EBIs Strategies (Select a minimum of two)

| Priority EBIs Strategies | | | |
| --- | --- | --- | --- |
| Provider Assessment and Feedback[[1]](#footnote-1) | Provider Reminder[[2]](#footnote-2) | Patient Reminder[[3]](#footnote-3) | Reducing Structural Barriers[[4]](#footnote-4) |
|  |  |  |  |

## Supporting Strategies (Optional)

| Supporting Strategies | | | | |
| --- | --- | --- | --- | --- |
| Small Media[[5]](#footnote-5) | Community-Clinical Linkages | Health Information Technology | Professional Development | Patient Navigation |
|  |  |  |  |  |

## Rationale for Intervention Strategy

*Briefly describe the rationale for the intervention approaches selected.*

Click here to enter text.

# III. Plans for Partner Communications, Management, and Evaluation

## Collection of Intervention Monitoring and Data Review Process

*Briefly describe how you will collaborate to collect baseline and annual data, including a clinic-level HPV vaccination service rate. Describe how you plan to monitor timeliness and completion of objectives and tasks, resolve issues, and document success.*

Click here to enter text.

## Retention and Sustainability

*Briefly describe how you plan to (1) retain partners, (2) continue to collect annual vaccination service rates and other data throughout the grant period, and (3) how you will promote continued implementation, monitoring, and evaluation post-partnership.*

Click here to enter text.

# IV. Action Plan

Chronic Disease Service Category: HPV Vaccination

**Priority EBI Strategy 1 (Required)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Priority EBI Strategy #1:**  **Select one** | **Patient Reminders  Provider Reminders  Provider Assessment and Feedback  Reducing Structural Barriers** | | | | | |
| **S.M.A.R.T. Objective:** |  | | | | | |
| **Key Partners**  **(as applicable)** | **Primary healthcare provider  Cancer Center  Community-based Organization  Interest Group  Other:** | | | | | |
| **Project Description and Justification** | | **Project (or Collaborating) Partners** | **Baseline # for Eligible Population and # for Priority Population (if applicable)** | **Deliverables** | |
|  | |  |  |  | |
| **Action Steps** | | **Person Responsible** | **Measures** | **Timeframe** | |
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|  | |  |  |  | |
| **Budget Item and Description** | | | | | **Amount** | |
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|  | | | | |  | |

**Priority EBI Strategy 2 (Required)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Priority EBI Strategy #2:**  **Select one** | **Patient Reminders  Provider Reminders  Provider Assessment and Feedback  Reducing Structural Barriers** | | | | | |
| **S.M.A.R.T. Objective:** |  | | | | | |
| **Key Partners**  **(as applicable)** | **Primary healthcare provider  Cancer Center  Community-based Organization  Interest Group  Other:** | | | | | |
| **Project Description and Justification** | | **Project (or Collaborating) Partners** | **Baseline # for Eligible Population and # for Priority Population (if applicable)** | **Deliverables** | |
|  | |  |  |  | |
| **Action Steps** | | **Person Responsible** | **Measures** | **Timeframe** | |
|  | |  |  |  | |
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| **Budget Item and Description** | | | | | **Amount** | |
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**Priority EBI Strategy 3 (Optional)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Priority EBI Strategy #3:**  **Select one** | **Patient Reminders  Provider Reminders  Provider Assessment and Feedback  Reducing Structural Barriers** | | | | | |
| **S.M.A.R.T. Objective:** |  | | | | | |
| **Key Partners**  **(as applicable)** | **Primary healthcare provider  Cancer Center  Community-based Organization  Interest Group  Other:** | | | | | |
| **Project Description and Justification** | | **Project (or Collaborating) Partners** | **Baseline # for Eligible Population and # for Priority Population (if applicable)** | **Deliverables** | |
|  | |  |  |  | |
| **Action Steps** | | **Person Responsible** | **Measures** | **Timeframe** | |
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| **Budget Item and Description** | | | | | **Amount** | |
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**Priority EBI Strategy 4 (Optional)**

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| **Priority EBI Strategy #4:**  **Select one** | **Patient Reminders  Provider Reminders  Provider Assessment and Feedback  Reducing Structural Barriers** | | | | | |
| **S.M.A.R.T. Objective:** |  | | | | | |
| **Key Partners**  **(as applicable)** | **Primary healthcare provider  Cancer Center  Community-based Organization  Interest Group  Other:** | | | | | |
| **Project Description and Justification** | | **Project (or Collaborating) Partners** | **Baseline # for Eligible Population and # for Priority Population (if applicable)** | **Deliverables** | |
|  | |  |  |  | |
| **Action Steps** | | **Person Responsible** | **Measures** | **Timeframe** | |
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| **Budget Item and Description** | | | | | **Amount** | |
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* 1. **Budget Information**

**Service Term (\_\_\_\_\_\_\_-\_\_\_\_\_\_\_)**

|  |  |  |
| --- | --- | --- |
| **ITEM** | **BUDGET AMOUNT** | **IN-KIND (ESTIMATED VALUE)** |
| **TOTAL SALARIES** (give cost per hour and total) | **$\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_\_\_** |
| **TOTAL FRINGE BENEFITS** (FICA, Unemployment, Worker Compensation, Medical/Dental Insurance, Pension) | **$\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_\_\_** |
| **OTHER EXPENSES (INCLUDE, BUT NOT LIMITED TO):** |  |  |
| Meeting and Travel Expenses | **$\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_\_\_** |
| Office Rent | **$\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_\_\_** |
| Phone/Fax/Internet | **$\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_\_\_** |
| Postage/Delivery | **$\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_\_\_** |
| Educational Materials | **$\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_\_\_** |
| Printing | **$\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_\_\_** |
| Office Supplies | **$\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_\_\_** |
| **TOTAL OTHER EXPENSES** | **$\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_\_\_** |
| **ADMINISTRATIVE EXPENSES** | **$\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_\_\_** |
| **SERVICE TERM CONTRACT TOTAL** | **$\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_\_\_** |

* 1. **Budget Narrative**

Include itemized description of all cost per budget category specified in Section 9.2.

* 1. **Personnel Form**

Provide a listing of all personnel working on the grant, including:

* First and last name
* Email address
* Title and organization
* Roles and responsibilities
  1. **Applicant Certification Regarding Scrutinized Companies List**

**Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City-State-Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Federal Employer Identification Number (FEID):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 287.135, Florida Statutes prohibits a company from bidding on, submitting a proposal for, or entering into or renewing a contract for goods or services of any amount if, at the time of contracting or renewal, the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes, or is engaged in a boycott of Israel. Section 287.135, Florida Statutes, also prohibits a company from bidding on, submitting a proposal for, or entering into or renewing a contract for goods or services of $1,000,000 or more, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector Lists which were created pursuant to section 215.473, Florida Statutes.

As the person authorized to sign on behalf of the Applicant, I hereby certify that the company identified above in the section entitled “Applicant Name” is not listed on either the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List. I further certify that the company is not engaged in a boycott of Israel. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject company to civil penalties, attorney’s fees, and/or costs.

**Signature of Authorized Representative\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed (Typed) Name and Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*An authorized representative is an officer of the Applicant’s organization who has legal authority to bind the organization to the provisions of the RFA. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the Bid if signed by other than the President, Chairman or owner.

1. **Provider Assessment and Feedback:** Interventions that evaluate provider performance (assessment) in delivering HPV vaccinations to patients, which are then presented to providers with information about their performance (feedback), sometimes comparing it with a goal or standard. [↑](#footnote-ref-1)
2. **Provider Reminders:**A reminder used to inform a health care provider that a specific patient is due or overdue for a HPV vaccination. The reminder can be provided in different ways such as in-patient charts, in patient electronic medical records, or by e-mail. [↑](#footnote-ref-2)
3. **Patient Reminders:** Written, electronic, or or telephone messages advising patients that they are due for vaccinations. [↑](#footnote-ref-3)
4. **Reducing Structural Barriers:** A process using interventions to decreasestructural barriers, which are non-economic obstacles that make it difficult for people to access a vaccination (e.g., inconvenient hours or days of clinical service, transportation costs, unpaid sick leave). [↑](#footnote-ref-4)
5. **Small Media:** Videos and printed materials such as letters, brochures, and newsletters that can be used to inform and motivate people to be vaccinated. Small media materials can provide information tailored to specific individuals or targeted to general audiences. [↑](#footnote-ref-5)