

Improving Tribal Data Sharing Capacity WORK PLAN
SUBAWARD NOTICE OF FUNDING OPPORTUNITY (NOFO) for the SPTHB
Improving Tribal Data Sharing Capacity Subaward

Directions: Please complete the following template for which you will submit as your work plan and project narrative. Applicants must complete a work plan. The items marked with a red asterisk (*) are required for submission.

Please note: For the purpose of this subaward NOFO, the Work Plan represents the “Project Narrative” and Budget. This completed work plan should be submitted to the Program Manager, Amber Martinez at amartinez@spthb.org.

APPLICANT INFORMATION	
Subrecipient Name*	
Applicant Description*	<input type="checkbox"/> Tribe <input type="checkbox"/> Tribally Designated Organization <input type="checkbox"/> Tribal Consortium (please list tribes comprising consortium:
Applicant Unique Entity Identifier (previously DUNS Number)*	
Federal Tax Identification Number (FEIN) *	
Funding Amount Requested* (Please request up to \$65,000 amount)	
Applicant Point Of Contact (POC) Name and Title*	
Applicant POC Phone Number*	
Applicant POC Email Address*	
Applicant POC Mailing Address	
Finance Name and Title*	

Finance Email Address*

Acknowledgement: By submitting this application, (organization name) acknowledges and agrees to adhere to the Terms and Conditions listed in this Notice of Funding Opportunity, CSTLTS-TDSC-2021.
Authorized Official Name and Title: _____
Signature: _____ Date: _____

PROJECT APPROACH
Describe the target population to receive this funding under the CSTLTS Project Plan.

Target Population Description*
[25 words max]

WORK PLAN
Describe the strategies, objectives, activities, outputs, and outcomes related to the expectations outlined in the NOFO. (5,000 words max). Please use bullets.

Program Strategies*
(Please check all that apply)

- Tribal Public Health Systems Infrastructure Improvement: Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement
- Tribal Public Health Workforce: Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention
- Tribal Data/Information Systems Including Epidemiologic Surveillance Capacity Expansion: Activities to increase the use of data and information systems
- Tribal Public Health Programs and Services: Activities to strengthen the ability to meet public health needs in a comprehensive manner
- Tribal Public Health Resources and Communication: Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country
- Tribal Public Health Partnerships: Activities to improve development and maintenance of multi-sector, results driven partnerships at various levels

<p>Objectives*</p> <p><i>Please use objectives from the NOFO. These may be changed slightly to fit your community, but must be in-line with objectives listed in NOFO (1,000 words max)</i></p>	
<p>Activities*</p> <p><i>Please describe what you intend to do with the funding to accomplish the expected objectives (1,000 words max; Please see NOFO for expected objectives to get activity ideas.)</i></p>	
<p>Outputs*</p> <p><i>Please use bullets (1,000 words max)</i></p>	
Performance Measures	
<p>Process Measures*</p>	
<p>Outcomes*</p> <p><i>(Must relate to your proposed project (Select three or more):</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Increased implementation of tools and processes that build operational capacity and effectiveness <input type="checkbox"/> Increased use of core and discipline-specific public health competencies among public health workers <input type="checkbox"/> Improved collection, maintenance, interpretation, and dissemination of tribal health data <input type="checkbox"/> Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services <input type="checkbox"/> Development of culturally relevant public health resources and communication tools <input type="checkbox"/> Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement <input type="checkbox"/> Increased use of nationally established standards, such as those for public health department accreditation <input type="checkbox"/> Increased number of qualified public health workers <input type="checkbox"/> Implementation of culturally practice-based evidence-based programs and services <input type="checkbox"/> Increased coordination of multi-sector partnerships to generate collective public health impact
ORGANIZATIONAL CAPACITY*	

Describe your capacity to successfully complete this project. Include your organization's relevant staffing, systems, and resources. (500 words max)

PROGRAM EXPERIENCE*

Describe your experience as it relates to this project. Include products developed; services, training and technical assistance provided; and relevant target populations supported. (500 words max)

COLLABORATIVE WORK (Optional)

Describe your plan or capacity for collaboration as it relates to this project. Include specific organizations or entities as applicable. (500 words max)

SUB-CONTRACTUAL WORK (Optional)

Describe your plan for sub-contractual work. Include criteria for identifying and selecting subcontractors. (500 words max)

BUDGET INFORMATION*

Enter the whole dollar amount for each field. Ensure the proposed budget is reasonable and consistent with the approach outlined in the work plan. Recipients may be asked to modify and submit an itemized budget. A summary budget narrative should be submitted separately.

PERSONNEL SALARIES AND WAGES TOTAL*	
FRINGE BENEFITS TOTAL*	
CONSULTANT BENEFITS TOTAL*	
EQUIPMENT TOTAL*	
SUPPLIES TOTAL*	
TRAVEL TOTAL*	
OTHER TOTAL*	
CONTRACTUAL TOTAL*	
DIRECT COSTS TOTAL*	

INDIRECT COSTS TOTAL*	
BUDGET TOTAL*	

Additional Attachments:

- **Completed W-9**
- **Completed Electronic Funds Transfer Form**
- **Most recent audit**