

Project (Work) Plan

STD- TB

Community Embedded Disease Intervention Specialist (CEDIS)



Name Agency Submitting Plan:

Point of Contact for Correspondences:

Mailing Address:

Email:

Phone:

Fax:

In the tables below, please summarize what will be done in the indicated program year for the activity/activities for which your organization is submitting proposal for funding. Activities must be as outlined in the RFA narrative, Section 2: Grant Application Component. Add lines as needed. .

| Objective 1 | | STD and/or TB Health Equity | |
|--------------------|--------------------------|---|--|
| Activities | What will be done | | |
| | Year 1 | Responsible Party, Start Date, and Completion Date (Ongoing) | |
| Strategy: | | | |
| Activity 1 | | | |
| Activity 2 | | | |
| Activity 3 | | | |
| Activity 4 | | | |

| Objective 2 | | STD and/or TB Education and Outreach | |
|--------------------|--------------------------|---|--|
| Activities | What will be done | | |
| | Year 1 | Responsible Party, Start Date, and Completion Date (Ongoing) | |
| Strategy: | | | |
| Activity 1 | | | |
| Activity 2 | | | |

| Objective 3 | | STD and/or TB Community Embedded Disease Investigation and Intervention | |
|--------------------|--------------------------|--|--|
| Activities | What will be done | | |
| | Year 1 | Responsible Party, Start Date, and Completion Date (Ongoing) | |
| Strategy: | | | |
| Activity 1 | | | |
| Activity 2 | | | |
| Activity 3 | | | |

In the tables below, please summarize what will be done in the indicated program year for the activity/activities for which your organization is submitting proposal for funding. Activities must be as outlined in the RFA narrative, Section 2: Grant Application Component. Add lines as needed.

| Objective 4 | STD and/or TB Diagnosis and Treatment | |
|--------------------|--|---|
| Activities | What will be done | |
| | Year 1 | Responsible Party, Start Date, and Completion Date (Ongoing) |
| Strategy: | | |
| Activity 1 | | |
| Activity 2 | | |
| Activity 3 | | |
| Activity 4 | | |

| Objective 5 | | |
|--------------------|--------------------------|---|
| Activities | What will be done | |
| | Year 1 | Responsible Party, Start Date, and Completion Date (Ongoing) |
| Strategy: | | |
| Activity 1 | | |
| Activity 2 | | |
| Activity 3 | | |
| Activity 4 | | |
| Activity 5 | | |
| Activity 6 | | |
| Activity 7 | | |
| Activity 8 | | |