



Health Resources & Services Administration

FY 2024 Native Hawaiian Health Care Improvement Act (NHHCIA) Sample Project Work Plan

(Required for POL)

You must upload a Project Work Plan for the 3-year period of performance (August 1, 2024 through July 31, 2027). The information in your Project Work Plan must align with your Project Narrative and the required elements of the NHHCIA legislation. In your Project Work Plan, you must indicate which Goals and/or Key Action Steps were added in response to increased congressionally appropriated funding for POL. The table below is for reference only. Add as many Goals and Key Actions as necessary to fully describe your plans,

OMB No.: 0915-0285. Expiration Date: 4/30/2026

Goal 1:					
Key Action Steps	Timeline	Expected Outcome	Data	Person/Area Responsible	Collaborative Partners
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>Include a completion date (month and year) for each action step.</i>	<i>Include a predicted outcome for each action step.</i>	<i>Identify the data you will use to track progress toward the goal.</i>	<i>Identify who will be accountable for each action step.</i>	<i>List partnering agencies or organization(s) that will contribute to this action step.</i>

Goal 2:					
Key Action Steps	Timeline	Expected Outcome	Data	Person/Area Responsible	Collaborative Partners
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>Include a completion date (month and year) for each action step.</i>	<i>Include a predicted outcome for each action step.</i>	<i>Identify the data you will use to track progress toward the goal.</i>	<i>Identify who will be accountable for each action step.</i>	<i>List partnering agencies or organization(s) that will contribute to this action step.</i>

Goal 3:					
Key Action Steps	Timeline	Expected Outcome	Data	Person/Area Responsible	Collaborative Partners
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>Include a completion date (month and year) for each action step.</i>	<i>Include a predicted outcome for each action step.</i>	<i>Identify the data you will use to track progress toward the goal.</i>	<i>Identify who will be accountable for each action step.</i>	<i>List partnering agencies or organization(s) that will contribute to this action step.</i>

Goal 4:					
Key Action Steps	Timeline	Expected Outcome	Data	Person/Area Responsible	Collaborative Partners
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>Include a completion date (month and year) for each action step.</i>	<i>Include a predicted outcome for each action step.</i>	<i>Identify the data you will use to track progress toward the goal.</i>	<i>Identify who will be accountable for each action step.</i>	<i>List partnering agencies or organization(s) that will contribute to this action step.</i>

Public Burden Statement: The OMB control number for this information collection is 0915-0285 and it is valid until 4/30/2026. Public reporting burden for this collection of information is estimated to average 1 hour 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.