



Sample FY 2023 Project Work Plan Update (Required for POL)

The table below is for reference only. Start with the FY 2022 Project Work Plan Update submitted with your FY 2022 progress report (or the version approved by your Program Contact if post-award revisions were required), and update it as needed to highlight any changes planned for the upcoming FY 2023 budget period (August 1, 2023 through July 31, 2024).

Highlight fields with updates to facilitate HRSA review of proposed changes. Only highlight changes planned for the FY 2023 budget period. The column instructions in the sample tables should be followed if you add additional Goals or Key Action Step rows.

OMB No.: 0915-0285. Expiration Date: 3/31/2023

| Goal 1: | | | | |
|--|--|---|---|--|
| Key Action Steps | Timeline | Expected Outcome | Data Source and Evaluation Methodology | Person/Area Responsible |
| <i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i> | <i>A completion date (month and year) must be defined for each action step</i> | <i>An outcome must be defined for each action step.</i> | <i>Identify the process to be utilized to track and measure change.</i> | <i>A responsible person must be identified for each action step.</i> |
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| Goal 2: | | | | |
|------------------|----------|--|--|-------------------------|
| Key Action Steps | Timeline | Expected Outcome | Data Source and Evaluation Methodology | Person/Area Responsible |
| | | Highlight areas of change projected for the FY 2023 Budget Period | | |
| | | | | |

| Goal 3: | | | | |
|------------------|--|------------------|--|-------------------------|
| Key Action Steps | Timeline | Expected Outcome | Data Source and Evaluation Methodology | Person/Area Responsible |
| | Highlight areas of change projected for the FY 2023 budget period. | | | |
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Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 3/31/2023. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b). 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.