

## Provider: Create Action Plan

### Login page

**CDC CBA TRACKING SYSTEM**

Home TA at a Glance Regional TA Providers(Coming Soon) Tutorial/Help Health Department CTS Users Contact Us

You must have a CDC CBA Tracking System account to use the CBA Tracking System to request capacity building assistance (CBA) services.

CDC funding recipients will be able to access CTS using their current CRS log-in IDs and passwords.

**Login to CBA Tracking System**

User ID

Password

☐ Remember me [Reset password?](#)

**Login**

**TA at a Glance**

**GO**

**World AIDS**

Welcome to CDC TRAIN

Effective Interventions

1. Enter the *Provider User ID* and *Password* and click the **Login** button.
  - a. Click the **Accept Terms & Conditions** button.

### The *dashboard* displays.

**CDC CBA TRACKING SYSTEM**

Member 01 #07 Provider Last login: 08/26/2019 01:52 PM

Home TA at a Glance Regional TA Providers(Coming Soon) Tutorial/Help Health Department CTS Users Contact Us Advanced Browse Search

Welcome Member 01 #07 Provider

Organization: Provider Organization - Georgia (South) #07

**Request New Technical Assistance (TA)**

Click Add button to request a new TA.

**Add**

**Enter TA Activity Number**

To find a specific TA Activity enter the TA number in the box, then click Open.

**Open**

**View TA Activities**

To view existing TA activities, click view existing button. To view TA Request that require a response, click View TA Request Requiring a Response.

**View Existing** **View TA Request Requiring a Response**

**TA That Require My Response**

You have (4) items that require your attention

Show 10 entries Search:

TA Number	Assigned Date	Status	Response Due Date	< 6 Hours remaining	Requesting Organization	Region	View
00446	08/26/2019 12:33 PM	Inital Contact	09/03/2019 12:33 PM	No	CBO (DF) - Georgia #07	South	View
00392	08/21/2019 02:30 PM	Initial Contact	08/28/2019 02:30 PM	No	Health Department - Georgia #07	South	View

**CBA Plans and Provider Information**

- Regional CBA Plan Coming soon...
- Jurisdictional CBA Plan Coming soon...
- CBA Needs & Service Priorities Coming soon...
- Regional TA Providers Coming soon...

*Note:* The user's *primary organization* displays in the organization drop-down list. If the user is part of more than one organization, it will display when the drop-down arrow is clicked.

2. In the *TA That Require My Response* section, locate the *TA Number* and click the *TA number*, or the **View** link.  
*Note:* The status is *Initial Contact*.

The *Provider Initial Contact* page displays. The status in the status bar is *Creating AP (Initial Contact)*.

**CBA TRACKING SYSTEM** Member 01 #07 Provider Last login: 8/27/2019 11:44 AM I Want to...

Home TA at a Glance Regional TA Providers (Coming Soon...) Tutorials/Help Health Department CTS Users Advanced Browse Search... Go!

Creating Request **✓ Creating AP (Initial Contact)** Reviewing AP Working Closed

### Provider Initial Contact

<b>Request #:</b> TA00446 <b>Requestor:</b> Member 01 #07 CBO <b>Organization:</b> CBO (DF) - Georgia #07 <b>Point of Contact:</b> Member 01 #07 CBO <b>Organization:</b> CBO (DF) - Georgia #07 <b>Provider:</b> Provider Organization - Georgia (South) #07 <b>Recipient Organization:</b> Multiple Recipients <b>Program Consultant:</b> Program Consultant #07 <b>PC Team Lead:</b> Program Consultant Team Lead #02 <b>Description:</b> Testing CBO request (rpr) 446 Accomplish as a result: Testing CBO request (rpr) 446c	<b>Date Assigned:</b> 8/26/2019 <b>Request Add Date:</b> 8/22/2019 <b>Coordinator:</b> CTS Coordinator #01 <b>Project Officer:</b> Project Officer #07 <b>PO Team Lead:</b> Project Officer Team Lead #02 <b>SME:</b> CTS #07 SME <b>SME Team Lead:</b> CTS #02 SME Team Lead <b>Regional Lead:</b> Regional Lead #02 <b>JWG Rep:</b> JWGT Rep #07 <b>JWG Team Lead:</b> JWGT Rep #02
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**Actions**  
[View Request Detail](#)  
[Creating Action Plan \(Initial Contact\)](#)  
[View/Add Comments](#)  
[Request Contacts](#)  
[Return to Dashboard](#)

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**Initial Contact Date \*\***

**Contact Type \*\***

**Contact Name \*\***

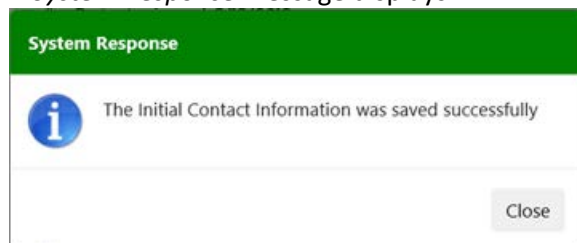
**Details \*\***

[Save Initial Contact Information](#) [Return to Dashboard](#)

3. Enter the initial contact information. *Note:* The initial contact date cannot be before the *Date Assigned* that is displaying in the request details box.

4. Click the **Save Initial Contact Information** button.

A *System Response* message displays.



5. Click the **Close** button.

The **Create Action Plan** button displays.

Initial Contact Date \*\* 3/20/2019

Contact Type \*\* Business Email

Contact Name \*\* Member #40 CBO

Details \*\* contact details

Save Initial Contact Information Create Action Plan Return to Dashboard

6. Click the **Create Action Plan** button.

The *Request Action Plan* page displays.

CDC CBA TRACKING SYSTEM Member 01 #07 Provider Last login: 8/27/2019 11:44 AM I Want to...

Home TA at a Glance Regional TA Providers (Coming Soon...) Tutorials/Help Health Department CTS Users Advanced Browse Search... Go!

Creating Request Creating AP Reviewing AP Working Closed

Request Action Plan

Request #: TA00446 Requestor: Member 01 #07 CBO Organization: CBO (DF) - Georgia #07 Point of Contact: Member 01 #07 CBO Organization: CBO (DF) - Georgia #07 Provider: Provider Organization - Georgia (South) #07 Recipient Organization: Multiple Recipients Program Consultant: Program Consultant #07 PC Team Lead: Program Consultant Team Lead #02 Description: Testing CBO request (rpr) 446 Accomplish as a result: Testing CBO request (rpr) 446c	Date Assigned: 8/26/2019 Request Add Date: 8/22/2019 Coordinator: CTS Coordinator #01 Project Officer: Project Officer #07 PO Team Lead: Project Officer Team Lead #02 SME: CTS #07 SME SME Team Lead: CTS #02 SME Team Lead Regional Lead: Regional Lead #02 JWG Rep: JWG Rep #07 JWG Team Lead: JWGL Rep #02
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Actions

- View Request Detail
- Creating Action Plan (Initial Contact)
- View/Edit/Approve Action Plan
- View/Add Comments
- Request Contacts
- Return to Dashboard

Action Plan Type

Please select one of the following to determine the type of Delivery Mechanisms for this request:

☐ Information dissemination: this request will require only the delivery of existing products such as guides, videos, brochures, fact sheets, etc.

☐ Technical Assistance (TA)

Save Action Plan Type

7. Select one of the *Action Plan Type* options.

8. Click the **Save Action Plan Type** button.

The categories for the *action plan* display. In this example, *Technical Assistance (TA)* was selected. *Note:* By default, all categories would be in the expanded view.

Hide All Action Plan Information

Action Plan Type

Logistics Information

Target Demographics

Delivery Mechanism

Manage Participants Role

Peer To Peer

Provider Collaboration

Logistics Information section

Logistics Information

Logistic Details and Responsibilities \*\*  
(Logistic should include a description of the information being sent.)

Save Logistics and Responsibilities

9. Enter the logistic details and responsibilities.
10. Click the **Save Logistics and Responsibilities** button.

The *Logistics and Responsibilities* message displays.

Logistics and Responsibilities

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The Logistics and Responsibilities has been successfully updated.

Close

11. Click the **Close** button.

A checkmark displays next to the section name.

Logistics Information

## Target Demographics section

### Target Demographics

#### Demographics for TA Request

Which of the following demographics describe the target population that this CRIS Request will help you to provide HIV prevention services to?

(Select all that apply)

#### Select Race and Ethnicity \*\*

- ☐ Not race/ethnicity specific
- ☐ American Indian or Alaska Natives
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Hispanic or Latino

#### Select Transmission Category \*\*

- ☐ Not specific to one transmission category
- ☐ Men who have sex with men (MSM)
- ☐ MSM / Intravenous drug user (IDU)
- ☐ IDU
- ☐ Heterosexual
- ☐ Perinatal Women
- ☐ Other

#### Select Special Population \*\*

- ☐ Not specified
- ☐ Youth
- ☐ Migrants
- ☐ Faith Community
- ☐ Incarcerated
- ☐ Homeless Persons
- ☐ Commercial Sex Workers

#### Select HIV Status \*\*

- ☐ Not specific to HIV status
- ☐ Negative Status
- ☐ Positive Status
- ☐ Unknown Status

#### Select Gender \*\*

- ☐ Not Gender Specific
- ☐ Male
- ☐ Female
- ☐ Transgender (Male to Female)
- ☐ Transgender (Female to Male)

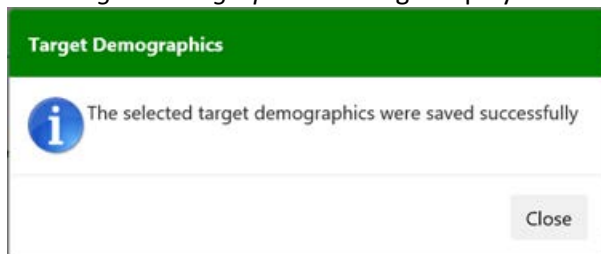
Save Selected Demographics

12. There are five demographics listed in *Target Demographics*; select an option from each:

- *Select Race and Ethnicity*
- *Select Special Population*
- *Select Gender*
- *Select Transmission Category*
- *Select HIV Status*

13. Click the **Save Selected Demographics** button.

The *Target Demographics* message displays.



14. Click the **Close** button.

A checkmark displays next to the section name.

Target Demographics ✓

## Delivery Mechanism section

**Delivery Mechanism**

[Hide All Delivery Mechanism Informations](#)

Select the Proposed Venue Type \*\*

Estimated Number of Hours \*\*

*Estimate number of hours it will take you to complete TA*

0

Estimated Start Date \*\*

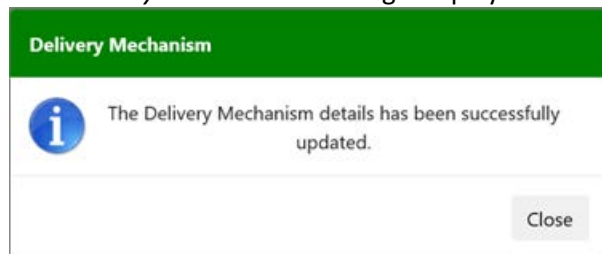
Estimated End Date \*\*

Save Delivery Mechanism Details

15. Enter the delivery mechanism information.

16. Click the **Save Delivery Mechanism Details** button.

The *Delivery Mechanism* message displays.



17. Click the **Close** button.

*Note:* A checkmark will display after the *Manage Participant Role* information has been saved.

## Objective, Activities, and Deliverables section

**Objective, Activities, and Deliverables**

Please enter the Objectives \*\*

Please enter the Activities \*\*

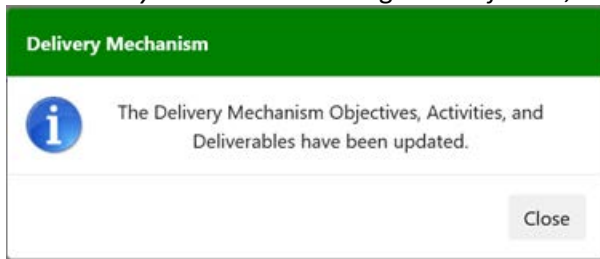
Please enter the Deliverables \*\*

Save Objectives, Activities, and Deliverables

18. In the *Objective, Activities, and Deliverables* section, add a comment in each textbox provided.

19. Click the **Save Objective, Activities, and Deliverables** button.

The *Delivery Mechanism* message for *Objective, Activities, and Deliverables* displays.



20. Click the **Close** button.

A checkmark displays next to the section name.



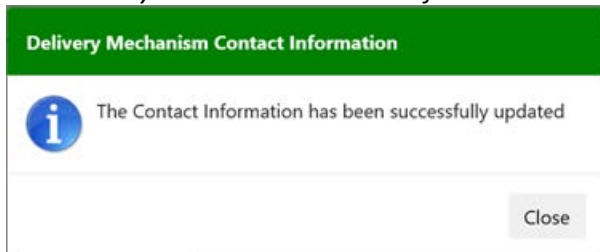
*Delivery Mechanism Contact Information* section

21. In the *Delivery Mechanism Contact Information* section, enter the required information.

*Note:* This section is for the TA provider. Enter contact information for the TA provider staff person who will be the contact person for this request.

22. Click the **Save Contact Information** button.

The *Delivery Mechanism Contact Information* message displays.



23. Click the **Close** button.

A checkmark displays next to the section name.



## Manage Participants Role category

### Manage Participants Role

Participant's Role	Estimated # of Participants	
Board Members		Edit # of Participants
Clinicians		Edit # of Participants
Coalition Members		Edit # of Participants
Consultants		Edit # of Participants
Executive Management		Edit # of Participants
Health Department Staff		Edit # of Participants
HIV Planning Group (HPG) Members		Edit # of Participants
Program Management		Edit # of Participants
Program Staff		Edit # of Participants
Sub-Contractors		Edit # of Participants
Support Staff		Edit # of Participants
Trainer		Edit # of Participants
Volunteers		Edit # of Participants

24. Select a *Participant Role* and click the **Edit # of Participants** link.

A textbox displays in the *Estimated # of Participants* column.

Participant's Role	Estimated # of Participants	
Board Members		Edit # of Participants
Clinicians		Edit # of Participants
Coalition Members		Edit # of Participants
Consultants	<input type="text"/>	Update Cancel

25. Enter the number of estimated participants and click the **Update** link.

The table updates and a checkmark displays next to the section name, and next to the *Delivery Mechanism* section.

### Manage Participants Role ✓

Participant's Role	Estimated # of Participants	
Board Members	4	Edit # of Participants

## Peer To Peer category

### Peer To Peer

a. Will this Request be delivered as a peer-to-peer service?

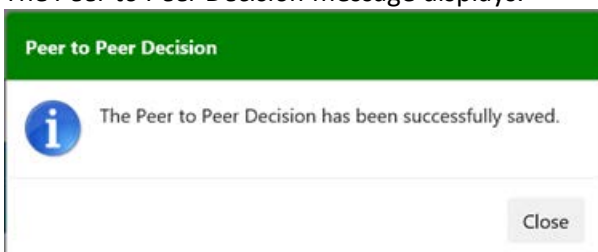
☐ Yes ☐ No

Save Peer-to-Peer Decision

26. In the *Peer To Peer* section, select *Yes* or *No* to the question displaying.

27. Click the **Save Peer-to-Peer Decision** button.

The *Peer to Peer Decision* message displays.





28. Click the **Close** button.

If the peer-to-peer questioned was answered Yes, a section to add an organization displays.

Select or Add Peer to Peer Organization  
Currently there have been no Peer to Peer Organizations added

29. Click the **Select or Add Peer to Peer Organization** button.

The *Peer To Peer* section displays.

**Peer To Peer**

Select the Organization's State then Select the Organization or enter the name of the Organization

State: GEORGIA

Organization Type: Health Department: Directly Funded

Organization: (Select the Health Department from the drop down box)

Display Organization

Return

30. Click the Organization *drop-down arrow* to select an organization.

31. Click the **Display Organization** button.

The *organization details* display.

**Peer To Peer**

Find a Different Organization

Organization: Health Department - Georgia #07  
Organization Type: Health Department  
Funding Type: CDC Directly Funded  
Business Address: 2 Peachtree Street  
12th Floor  
City: Atlanta  
State: GA  
Zip: -

Add this organization as the peer CBA provider

32. Click the **Add this organization as the peer CBA provider** button.

The added *peer to peer organization* displays and a checkmark displays.

**Peer To Peer** ✓

a. Will this Request be delivered as a peer-to-peer service?  
☒ Yes ☐ No

Save Peer-to-Peer Decision

Select or Add Peer to Peer Organization

Organization	Peer to Peer
Health Department - Georgia #07	Yes <a href="#">Delete</a>

*Note:* The added *peer to peer organization* can be deleted.

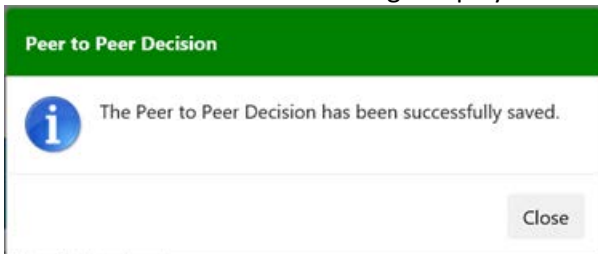
- a. To delete the peer to peer organization, click the **Delete** link.

A message displays.



- b. Click the **OK** button.
- c. Repeat steps 29-32 to add a different peer to peer organization or select the *No* radio button and click the **Save Peer-To-Peer Decision** button.

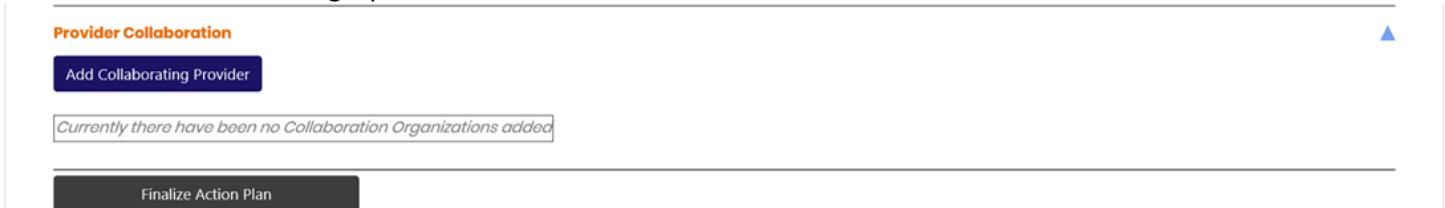
The *Peer to Peer Decision* message displays.



- d. Click the Close button.

A checkmark displays next to the section name and the **Finalize Action Plan** button displays below the last section.

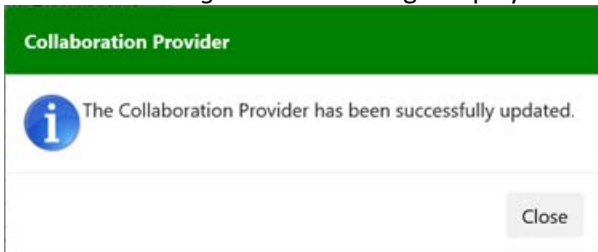
*Provider Collaboration* category



*Note:* The next step is optional.

33. In the *Provide Collaboration* section, if a collaborating provider is needed, click the **Add Collaborating Provider** button.
  - a. Select a collaborating provider from the drop-down list.
  - b. Enter a comment in the textbox provider.
  - c. Click the **Save** button.

The *Collaborating Provider* message displays.



- d. Click the **Close** button.

The *collaborating provider* displays.

**Provider Collaboration**

Add Collaborating Provider

Collaborating Provider	Collaboration Description	
Provider Organization - Florida (South) #06	comment	<a href="#">Edit</a> <a href="#">Delete</a>

Finalize Action Plan

*Note:* A checkmark does not display next to the section name. The collaborating provider can be edited or deleted.

If the **Delete** link is click, a message displays.

Message from webpage

Are you sure you want to DELETE this collaborating Provider?

OKCancel

e. Click the **OK** button.

34. Click the **Finalize Action Plan** button.

The *Submit Action Plan For Review* section displays.

Finalize Action Plan

**Submit Action Plan For Review**

*This action will submit the Action Plan to CDC for Review.*  
*Are you sure you want to continue with the submitting the Action Plan for Review?*  
Enter any comments you have. \*\*


Submit Action Plan for Review

35. Enter a comment in the textbox provided.

36. Click the **Submit Action Plan for Review** button.

The *Submit Action Plan* message displays.

**Submit Action Plan**

 The Action Plan has been successfully submitted to CDC.

Close

37. Click the **Close** button. The *Request Action Plan* page refreshes.

The *Request Action Plan* page refreshes. The status in the status bar is *Reviewing AP*.

**CBA TRACKING SYSTEM**

Member 01 #07 Provider
Last login: 8/27/2019 11:44 AM
I Want to...

Home
TA at a Glance
Regional TA Providers (Coming Soon...)
Tutorials/Help
Health Department CTS Users
Advanced Browse
Search...
Go!

Creating Request
Creating AP
Reviewing AP
Working
Closed

### Request Action Plan

Request #: TA00446  
Requestor: Member 01 #07 CBO  
Organization: CBO (DF) - Georgia #07  
Point of Contact: Member 01 #07 CBO  
Organization: CBO (DF) - Georgia #07  
Provider: Provider Organization - Georgia (South) #07  
Recipient Organization: Multiple Recipients  
Program Consultant: Program Consultant #07  
PC Team Lead: Program Consultant Team Lead #02  
Description:  
Testing CBO request (rpr) 446  
Accomplish as a result: Testing CBO request (rpr) 446c

Date Assigned: 8/26/2019  
Request Add Date: 8/22/2019  
Coordinator: CTS Coordinator #01  
Project Officer: Project Officer #07  
PO Team Lead: Project Officer Team Lead #02  
SME: CTS #07 SME  
SME Team Lead: CTS #02 SME Team Lead  
Regional Lead: Regional Lead #02  
JWG Rep: JWG Rep #07  
JWG Team Lead: JWGL Rep #02

**Actions**  
View Request Detail  
Return to Request Home  
Return to Dashboard

SME
PC
PO
Requestor
Recipient

38. Click the **Return to Dashboard** button or click the **Return to Request Home** button to view the *Request Home* page.

The *Request Home* page.

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Creating Request
Creating AP
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Working
Closed

### Request Home

Request #: TA00446  
Requestor: Member 01 #07 CBO  
Organization: CBO (DF) - Georgia #07  
Point of Contact: Member 01 #07 CBO  
Organization: CBO (DF) - Georgia #07  
Provider: Provider Organization - Georgia (South) #07  
Recipient Organization: Multiple Recipients  
Program Consultant: Program Consultant #07  
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Date Assigned: 8/26/2019  
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Coordinator: CTS Coordinator #01  
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SME: CTS #07 SME  
SME Team Lead: CTS #02 SME Team Lead  
Regional Lead: Regional Lead #02  
JWG Rep: JWG Rep #07  
JWG Team Lead: JWGL Rep #02

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SME
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PO
Requestor
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