Workforce staff capacity-building plan

Template

*Note: March 18, 2022: The Workforce staff capacity-building plan is a deliverable in the Workforce funding Statement of Work. It is due no later than 30 days after Contract execution. However, this template may help you in thinking about your budget, so we strongly encourage you to complete a draft of the plan and send it in with the required budget needed to receive the executed purchase order.*

The CDC Supplemental Workforce Funding aims to establish, expand, train and sustain the state, tribal, local and territorial (STLT) public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives. Public health agencies shall use available funding to recruit, hire, and train personnel to address projected jurisdictional COVID-19 response needs over the performance period, including hiring personnel to build capacity to address local public health priorities deriving from COVID-19.

Please use this Workforce Funding Roadmap as you make your Staff Capacity-Building Plan.

Funding can be used to hire personnel for roles that may range from senior leadership positions to early career or entry-level positions and may include, but is not limited to:

* Permanent full-time and part-time staff (which may include converting part-time positions to full-time positions during the performance period)
* Temporary or term-limited staff
* Fellows
* Interns
* Contractors or contracted employees

Please note, the progress reports (and CDPHE’s reporting to the CDC) will ask for staff in each of these areas (intern/fellows, temp/term limited, contracted, and permanent) by these job categories:

* Administrative Support Staff
* Professional or Clinical Staff
* Disease Investigation Staff
* School Health Staff

It is not necessary to include the staff job category from above in the workforce plan below, but it will be needed later.

| **LPHA Contact Information for the Workforce Staff Capacity-Building Plan** | |
| --- | --- |
| Local Public Health Agency Name |  |
| LPHA Workforce Plan Contact Name: |  |
| LPHA Workforce Plan Contact Email: |  |
| LPHA Workforce Plan Contact Phone #: |  |

**Workforce Staff Capacity-Building Plan**

For each table below provide a description of all public health and environmental positions under consideration for hiring process.

| **Interns or Fellows** | |
| --- | --- |
| An allowable expense for this funding are interns. Please use the table below to plan for interns by program, division, project, etc. Add rows as needed. | |
| Program, Division, or Project | Number of Interns (answer in Full Time Equivalents or FTE) |
|  |  |
|  |  |
|  |  |

| **Temporary or term-limited staff** | |
| --- | --- |
| An allowable expense for this funding are temporary or term-limited staff. Please use the table below to plan for staff by program, division, project, etc. Add rows as needed. | |
| Program, Division, or Project and description of potential work. | Number of Temporary or term-limited staff (answer in Full Time Equivalents or FTE) |
|  |  |
|  |  |
|  |  |

| **Contractors or contracted employees** | |
| --- | --- |
| An allowable expense for this funding are contractors or contracted employees. Please use the table below to plan for staff by program, division, project, etc. Add rows as needed. | |
| Program, Division, or Project and description of potential work. | Number of Contractors or contracted employees (answer in Full Time Equivalents or FTE) |
|  |  |
|  |  |
|  |  |

| **Temporary or term-limited staff** | |
| --- | --- |
| An allowable expense for this funding are temporary or term-limited staff. Please use the table below to plan for staff by program, division, project, etc. Add rows as needed. | |
| Program, Division, or Project and description of potential work. | Number of Temporary or term-limited staff |
|  |  |
|  |  |
|  |  |

| **Training** | |
| --- | --- |
| An allowable expense for this funding is training and cross-training. Please use the table below to describe potential training, cross-training, or professional development for staff. Please indicate the number of staff estimated for each training type. Add rows as needed. | |
| Potential training or type of training description | Number of staff projected to take training |
|  |  |
|  |  |
|  |  |
|  |  |

| **Employee Retention or Recruitment** | |
| --- | --- |
| An allowable expense for this funding is employee retention. Describe ideas for your employees retention program to reduce the risk of workforce shortage. Add rows as needed. | |
| Describe the potential type of employee retention or recruitment initiative | Number of staff projected to be impacted |
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|  |  |
|  |  |

Please describe how the agency addresses health equity in hiring practices and training workforce that represents communities served.

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