

FISCAL YEAR: _____

WORKPLAN			
Objective Number: Assign consecutive numbers to workplan objectives, starting with the required objectives.	Goal: List the specific goal to be achieved. Use one goal per objective, selecting from the list provided by OFP. Do not create a new goal.		
Strategy: List the specific strategy to be accomplished. Use one strategy per objective, selecting from the list provided.	Sub-Strategy: If needed, list a specific sub-strategy. Use one sub-strategy per objective, selecting from the list provided.		
PARTICIPANTS TO BE SERVED	ACTIVITIES/TASKS NEEDED TO COMPLETE THIS OBJECTIVE		
Projected/Target Number of Participants: <div style="background-color: yellow; text-align: center; padding: 2px;">By Gender</div> <input type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both <div style="background-color: yellow; text-align: center; padding: 2px;">By Age Group</div> <input type="checkbox"/> 11 and younger <input type="checkbox"/> 12 – 14 <input type="checkbox"/> 15 – 19 <input type="checkbox"/> 20 – 25 <input type="checkbox"/> 26 and older <div style="background-color: yellow; text-align: center; padding: 2px;">By Ethnic Group</div> <input type="checkbox"/> African American <input type="checkbox"/> Anglo/ White <input type="checkbox"/> Asian <input type="checkbox"/> Filipino <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	Steps needed to complete objective by June 30th. List the different activities that you plan to do in order to meet this objective. Specify the type, frequency and length of each activity. Include other pertinent steps you plan to take to complete the objective. Include: collaboration, evaluation activities, referral to clinical services, etc.	Projected Timeframe Indicate by month and year when time the specific activity will be conducted.	Staff Assigned Specify who is responsible for competing each activity or task. <ul style="list-style-type: none"> If the Lead Agency is responsible for a task, identify the staff position(s). If a subcontractor is responsible for a task, identify the subcontractor by agency name.
INTERVENTION	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center; margin: 0;">INTERVENTION</p> <p style="margin: 0;">Check the box that describes your intervention:</p> <ul style="list-style-type: none"> <u>Multi-Session</u>: Check this box for strategies delivered in two or more sessions such as a prevention education curriculum, formal mentoring, etc. <ul style="list-style-type: none"> Indicate how many sessions each participant must attend per curriculum/ intervention. Indicate the length per session in minutes. <u>Single Session/Other Intervention</u>: Check this box for strategies that do not require more than one session such as informational presentation and community awareness activity. </div>		
<input type="checkbox"/> Multi-Session Intervention <ul style="list-style-type: none"> Number of sessions: _____ Minutes per session: _____ 			
<input type="checkbox"/> Single Session/Other Intervention			
CURRICULUM DESCRIPTION			
[For Multi-Session Intervention] Title(s):			
<input type="checkbox"/> Evaluated or <input type="checkbox"/> Non-Evaluated <input type="checkbox"/> Original or <input type="checkbox"/> Modified			
Is this strategy part of the Statewide Evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PAGE NUMBER

Enter the page number at the space provided.

Number all pages of the workplan consecutively, starting with Objective 1.

Objective Number: _____

FISCAL YEAR: _____

ACTIVITIES/TASKS NEEDED TO COMPLETE THIS OBJECTIVE

Steps needed to complete objective by June 30th

**Projected
Timeframe**

Staff Assigned

Use this page if you need more space to describe the activities/tasks needed to complete this objective. If you do not need this extra page, you may delete it by following these simple Adobe Acrobat steps.

1. Move your cursor to the top of the screen. Click on **Document**, then click on **Delete Pages**.
2. You will see a screen similar to the one below. At this prompt, the second circle should be automatically highlighted. If it isn't, select the second option by clicking on the circle with your mouse.
3. Type **2** in the boxes to select the page (shown as a range) you want to delete:

<p>Delete Pages</p> <p><input type="radio"/> Select Pages</p> <p><input checked="" type="radio"/> From [2] to [2] of 3</p>

4. The next prompt will ask you if you want to delete page 2. Click on YES.
5. Save the document before proceeding.

Objective Number: _____

FISCAL YEAR: _____

SITES OF SERVICE FOR THIS INTERVENTION

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

DOCUMENTATION AND EVALUATION

Process Measures:

Only process measures are required.

Process measures indicate how the implementation will be evaluated. Process measures may include the number of activities, number and characteristics of the participants. Identify the tools that will be used to determine these.

Examples:

- a) *By June 30th, 2009, at least four (4) schools will collaborate with the project and allow access to youth in their schools for the intervention, evidenced by signed School Agreement Forms.*
- b) *By June 30th, 2009, at least three (3) community sites/teen centers will collaborate with the project and allow access to youth at their sites, evidenced by signed Memorandum of Understanding.*
- c) *By June 30th, 2009, a minimum of 200 youth will participate in the Teen Sexual Health Program, evidenced by sign-in sheets.*
- d) *By June 30th, 2009, one CPI tool will be implemented, evidenced by the completed CPI process and Evaluation Liaison review.*

*Outcome measures **may** be included. Outcome measures indicate the effectiveness of the strategy/ impact on the population served. This may include changes in attitude and behavior, reduction in risky behavior, etc.*

Write the date when the
workplan was last revised.



Workplan Revision Date: _____