

FISCAL YEAR: _____

WORKPLAN

GOAL: List the specific goal to be achieved.

Objective Number: Number workplan objectives consecutively, starting with the required objective: Ex: Obj 1: Prevention Education

Strategy: List the specific strategy to be accomplished

Sub-Strategy: If applicable, list the specific sub-strategy.

PARTICIPANTS TO BE SERVED	ACTIVITIES/TASKS NEEDED TO COMPLETE THIS OBJECTIVE		
<p>Projected/Target Number of Participants:</p> <p style="text-align: center;">By Gender</p> <p><input type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both</p> <p style="text-align: center;">By Age Group</p> <p><input type="checkbox"/> 11 and younger</p> <p><input type="checkbox"/> 12 – 14</p> <p><input type="checkbox"/> 15 – 19</p> <p><input type="checkbox"/> 20 – 25</p> <p><input type="checkbox"/> 26 and older</p> <p style="text-align: center;">By Ethnic Group</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Anglo/ White</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Latino/Hispanic</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> Other</p>	<p>Steps needed to complete objective by June 30th.</p>	<p>Projected Timeframe</p>	<p>Staff Assigned</p>
By Gender	<p><i>List the different activities that you plan to conduct in order to meet this objective. Specify the type, frequency and length of each activity. Include other required steps that are pertinent to accomplishment of the goal and completion of the objective, i.e. evaluation activities, referral to clinical services, etc.</i></p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">INTERVENTION</p> <p>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>	<p><i>Indicate by month and year when time the specific activity will be conducted.</i></p>	<p><i>Specify which individual, group or agency is responsible for each task.</i></p> <p><i>If the Lead Agency is responsible for a task, identify the staff position(s).</i></p> <p><i>If a subcontractor is responsible for a task, identify the subcontractor by name.</i></p>
By Age Group			
By Ethnic Group			
INTERVENTION			
<p><input type="checkbox"/> Multi-Session Intervention</p> <ul style="list-style-type: none"> • Number of sessions: _____ • Minutes per session: _____ <p><input type="checkbox"/> Single Session/Other Intervention</p>			
CURRICULUM DESCRIPTION			
<p><i>[For Multi-Session Intervention]</i></p> <p>Title(s):</p>			
<p><input type="checkbox"/> Evaluated or <input type="checkbox"/> Non-Evaluated</p> <p><input type="checkbox"/> Original or <input type="checkbox"/> Modified</p>			
<p>Is this strategy part of the Statewide Evaluation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

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

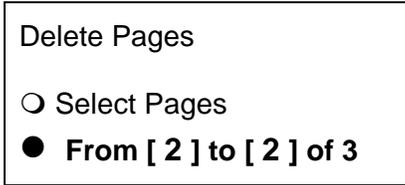
Steps needed to complete objective by June 30th

**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:



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 and Outcome Measures:

- a. *Process measures indicate how the implementation will be evaluated. Measures may include the number of activities, number and characteristics of the participants. Identify the tools that will be used to determine these. Example: 100 youth ages 15-19 will attend the prevention education program using the Be Wise curriculum. Indicate how many participants will complete the intervention, using either a percentage rate or completion or a specific number. Examples: 1) Sixty percent (60%) of youth participating in the Be Wise program will attend ten of ten sessions. 2) At least 60 youth participating in the Be Wise program will attend all ten sessions.*
- b. *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. Example: 70% of these youth will indicate increase condom use, through pre/post test surveys.)*

Workplan Revision Date: _____