ATTACHMENT D - WORK PLAN

Goal 1: Clearly state the goal the program/project will pursue to address the issues identified.					**Fiscal Year** Put an X in the corresponding month(s) this activity will occur.											
Objective(s) *Provide key activity which will directly contribute to the project goal.*	**Actions/Activities** *Name the key actions to be implemented to achieve this objective.*	**Results** *List the results you expect to achieve which directly contribute to the objective for the goal identified.*	**Person(s) Responsible** *Indicate the staff member, group, or other person responsible for overseeing the activity.*	**Duration** *ex., 2 weeks, 3 months.*	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Objective 1:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 2:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 3:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 4:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Goal 2: Clearly state the goal the program/project will pursue to address the issues identified.					**Fiscal Year** Put an X in the corresponding month(s) this activity will occur.											
Objective(s) *Provide key activity which will directly contribute to the project goal.*	**Actions/Activities** *Name the key actions to be implemented to achieve this objective.*	**Results** *List the results you expect to achieve which directly contribute to the objective for the goal identified.*	**Person(s) Responsible** *Indicate the staff member, group, or other person responsible for overseeing the activity.*	**Duration** *ex., 2 weeks, 3 months.*	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Objective 1:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 2:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 3:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 4:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Goal 3: Clearly state the goal the program/project will pursue to address the issues identified.					**Fiscal Year** Put an X in the corresponding month(s) this activity will occur.											
Objective(s) *Provide key activity which will directly contribute to the project goal.*	**Actions/Activities** *Name the key actions to be implemented to achieve this objective.*	**Results** *List the results you expect to achieve which directly contribute to the objective for the goal identified.*	**Person(s) Responsible** *Indicate the staff member, group, or other person responsible for overseeing the activity.*	**Duration** *ex., 2 weeks, 3 months.*	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Objective 1:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 2:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 3:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 4:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Goal 4: Clearly state the goal the program/project will pursue to address the issues identified.					**Fiscal Year** Put an X in the corresponding month(s) this activity will occur.											
Objective(s) *Provide key activity which will directly contribute to the project goal.*	**Actions/Activities** *Name the key actions to be implemented to achieve this objective.*	**Results** *List the results you expect to achieve which directly contribute to the objective for the goal identified.*	**Person(s) Responsible** *Indicate the staff member, group, or other person responsible for overseeing the activity.*	**Duration** *ex., 2 weeks, 3 months.*	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Objective 1:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 2:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 3:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 4:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Goal 5: Clearly state the goal the program/project will pursue to address the issues identified.					**Fiscal Year** Put an X in the corresponding month(s) this activity will occur.											
Objective(s) *Provide key activity which will directly contribute to the project goal.*	**Actions/Activities** *Name the key actions to be implemented to achieve this objective.*	**Results** *List the results you expect to achieve which directly contribute to the objective for the goal identified.*	**Person(s) Responsible** *Indicate the staff member, group, or other person responsible for overseeing the activity.*	**Duration** *ex., 2 weeks, 3 months.*	**OCT**	**NOV**	**DEC**	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**
Objective 1:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 2:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 3:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 4:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐