# WORK PLAN INSTRUCTIONS and DEFINITIONS

(Updated 7/19)

# 1. Recipient Name

Enter the name exactly as it appears on the NCIDC STD. 213 face page.

### 2. MOA Number

Enter the agreement number as it appears on the NCIDC STD 213 face page.

### 3. MOA Term Dates

Enter the term dates as they appear on the NCIDC STD 213 face page.

## 4. Identified Need(s)/Problem(s), Planned Goal(s) & Subcategory Services

## **Program Need(s)/Problem(s)**

Provide a brief description of the Identified Need(s)/Problem(s) to be addressed during the Program Year. List each of the planned goals and service codes to be provided to meet the specific need or problem. Refer to the Listing of FNPI's and Service Codes, If more than one need or problem is to be addressed during the program year, use a separate work plan form for each need statement and goal to meet that need.

#### Planned Goal(s)

Provide a brief summary of the planned goal(s) that have been developed to meet the identified need or problem.

## **Subcategory Services**

For each subcategory service, briefly describe how the planned activity and/or service will be provided and the group targeted for these services (i.e. children, elders, single parents, etc.). Provide the number of clients projected to receive services.

# 5. Service Code

Provide the service number from the Listing of Goals & Subcategory Service Description Codes.

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### 6. Planned # to be Served

Provide the planned number to be served in each appropriate subcategory for the program year.

#### 7. Actual # Served

Provide the projected actual number served in each appropriate subcategory for the program year.

### 8. FNPI Outcomes

Provide the planned number of outcomes for each FNPI service code during the program year.

For example, FNPI 5a. The number of individuals who demonstrated increased nutrition skills (e.g., cooking, shopping, and growing food). A recipient that runs a community garden and offers classes on how to grow and prepare food from the garden.

For example, FNPI 5b. The number of individuals who demonstrated improved physical health and well-being. A recipient that offers a weekly exercise group for Head Start parents and tracks each individual participant's health changes over time.

Note: While this type of program may benefit all household members, this is an individual count. Only report the participants in the program who improved their skills.

### 9. Planned Number of Volunteers Hours

Provide the planned total number of volunteer hours during the program year donated to the agency (e.g. program support, service delivery, fundraising). Board members, the head start policy council, and parent advisory board members should be included here. If there will none, enter zero.

## 10. List Planned Partnerships/Organizations

List the planned partnerships/organizations, created or maintained, related to your project, as well as the planned number of partnerships; if there will be none, enter zero.

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Provide the service number for each of the organizations from the Listing of Individual and Family Service Codes, the number of organizations, both public and private, that your tribe actively works with.

A "partnership" is defined as any outside agency or entity that assists in achieving the project goals. Significant cooperation with other entities and divisions of the same Tribe may count as partnerships.

## **Definition of a Client**

A person who receives CSBG funded services is considered a client. The client is counted one time during a specific program year in each program subcategory in which s/he receives services. If the client receives services again in a program subcategory in which s/he has already been counted, the client is not counted again. This method of tracking clients was developed to provide an unduplicated count of clients served within each program subcategory during a specific program year.

When completing the Client Services & Contact Report form, make sure clients reported are unduplicated counts under a program subcategory.