

# Attachment B: Work Plan Template

Request for Proposals: Community-Driven Approaches to Address Commercial Tobacco Use

## Instructions

The work plan must be submitted in the format provided. Follow the directions below to complete the work plan. **A separate work plan must be completed for each distinct Project Goal. Do not include more than two project goals. Add additional Year One Objectives or more Implementation Activity rows for each work plan as needed.**

1. **Project Goal**: State the overall goal(s) for your work. A goal is a broad, brief statement that provides focus or vision for planning. The goal will generally span the entire grant period (multiple years). You may have one or two Project Goals. The template provides space for two goals. Please do not add additional goals. Complete a separate work plan for each Project Goal.
2. **One-Year Objective(s)**: State the one-year objective(s) that will help reach your Project Goal(s). The template provides space for an optional Objective 2. Leave this blank if you only have one objective for that project goal. If you have more than two objectives, please “Cut” and “Paste” an additional blank table under the Project Goal. Follow the “SMARTIE” approach to develop objectives. SMARTIE Objectives:
* **Specific:** Provide the “who” and “what” for project activities. They should be detailed and well-defined, so you know where the work is going and what to expect as it progresses.
* **Measurable:** Quantify the amount of change expected.
* **Achievable:** Are attainable or accomplished within the proposed time frame.
* **Realistic:** Consider constraints such as resources, personnel, cost, and time frame.
* **Time-bound:** Provide a time frame indicating when the objective will be measured or when the objective will be met.
* **Inclusive:** Bring in diverse voices and ensure that those who are most impacted by the goal have a say in how it's defined and achieved.
* **Equitable:** Address systemic barriers and close disparities so that resources and opportunities are fairly distributed.
1. **Community(ies) Served**: Specify the community(ies) you propose to serve.
2. **Geographic Area(s)**: Enter the geographic area (e.g. neighborhood, city, county, or region).
3. **Implementation** **Activities**: Specify activities, steps, or processes to achieve objectives. List ONLY key activities that will result in observable, measurable milestones.
4. **Milestones**: Identify how you will know you have accomplished your activity.
5. **Start Date and End Date**: Click on the menu to select your start and end dates for each activity.
6. **Lead**: The person or group responsible for the activity.
7. **Key Partners**: Enter names of individuals and/or organizations that will help you implement your activities. Do not list individuals and/or organizations who are only providing you consultation, technical assistance, or guidance on your work such as MDH staff and TA providers.

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| **Work Plan 1** |
| **Project Goal:**  |   |

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| **One-Year Objective 1:** | Click here to enter text. |
| **Youth/Community(ies) Served:** | Click here to enter text. |
| **Geographic Area(s)** | Click here to enter text. |

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| **Implementation Activities** Key activities, steps, or processes to achieve objectives | **Milestones**How will you know you have accomplished the activity | **Start Date** | **End Date** | **Lead** | **Key Partners** |
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| **One-Year Objective 2 (optional):** | Click here to enter text. |
| **Youth/Community(ies) Served:** | Click here to enter text. |
| **Geographic Area(s)** | Click here to enter text. |

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| **Implementation Activities**Key activities, steps, or processes to achieve objectives | **Milestones**How will you know you have accomplished the activity | **Start Date** | **End Date** | **Lead** | **Key Partners** |
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| **Work Plan 2** |
| **Project Goal:**  | Click here to enter text. |

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| **One-Year Objective 1:** | Click here to enter text. |
| **Youth/Community(ies) Served:** | Click here to enter text. |
| **Geographic Area(s)** | Click here to enter text. |

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| **Implementation Activities** Key activities, steps, or processes to achieve objectives | **Milestones**How will you know you have accomplished the activity | **Start Date** | **End Date** | **Lead** | **Key Partners** |
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| **One-Year Objective 2 (optional):** | Click here to enter text. |
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| **Geographic Area(s)** | Click here to enter text. |

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