

**SDFSC Work Plan Format
Years 1 through 5**

County Name:

The following general format can be used to outline specific goals, objectives and major tasks of the project. This detailed task outline should coincide with your logic model.

Year 1

Goal 1:			
Objective 1.1:			
Activities to meet Objectives	Responsible Party	Start Date	End Date
Goal 2:			
Objective 2.1:			
Activities to meet Objectives	Responsible Party	Start Date	End Date
Goal 3:			
Objective 3.1:			
Activities to meet Objectives	Responsible Party	Start Date	End Date

Sample Logic Model

The Logic Model provides a visual representation of the overall theory of change and predicted short-term, intermediate, and long-term outcome measures.

Safe and Drug-Free Schools and Communities

Identified Problem or Need (supported by data)	CONTRIBUTING FACTORS
	1. _____ 2. _____ 3. _____

GOAL (or Aim)	RESOURCES (What do we have to help meet our goal?)	STRATEGIES (What methods will we use?)	EXPECTED OUTCOMES (What do we think will happen as a result of our efforts?)			MEASUREMENT INDICATORS (Specifically, how will we know what happened?)
			SHORT- TERM	INTERMEDIATE	LONG-TERM	

**Safe and Drug-Free Schools and Communities
Application Signature Sheet**

County Grant Application Signature Sheet	
Name of the County:	
Legal Applicant: Name of Agency Address City, Zip	Project Title: Working Title of Project
Federal Tax ID No.:	

Brief Project Description: <i>(In approximately 100 words, summarize the proposed project plan covering the objectives, method of procedure, evaluation and end product.)</i>

County AOD Administrator: Name of Administrator Address (if different than above) Phone: Fax: E-mail:	Project Director: Name of Project Director Address (if different than above) Phone: Fax: E-mail:
Fiscal or Accounting Official: Name of Official Address (if different than above) Phone: Fax:	Office Authorized to Receive Payments: Name of Official Address

<i>If the County Administrator is not authorized to sign the Notice of Grant Award, list name and title of individual who will sign:</i>
Name of Official Title

Funds Requested: Total grant period: \$xxx,xxx
Year 1: \$xxx,xxx Year 2: \$xxx,xxx Year 3: \$xxx,xxx Year 4: \$xxx,xxx Year 5: \$xxx,xxx

Certifications

The applicant certifies to the best of his/her knowledge and belief that the data in this application is true and correct and that filing of the application has been duly authorized by the governing body of the applicant and that applicant will comply with the assurances required of applicants if the application is approved.

Signature _____ Date: _____

Name: _____

Title: _____

Sample Evaluation Plan

County:

Project Name:

OBJECTIVE/ACTIVITY TO BE MEASURED	
MEASUREMENT INDICATORS How will we know if things have changed?	
SUCCESS CRITERIA How much must things change for the program to be considered a success?	
METHOD OF MEASUREMENT Data collection tools.	
DATA SOURCES Where will you get your data?	
REPORTING How will you analyze your data? How often will data analysis occur?	
DISSEMINATION How will information from the evaluation be provided as feedback and used to improve the program?	