**Michigan Family Planning Program**

**Annual Health Care Plan**

**Required Work Plan Progress Report Format**

**Instructions**

**Progress Report Directions**

Provide a brief progress report on the previous year’s goals, objectives, and services/activities, including *Community Education Activities* (See Section 11.2 of the Standards and Guidelines Manual) and *Community Promotion Activities* (See Section 11.2 of the Standards and Guidelines Manual).

**Impacts of COVID-19**Report on COVID-19 related impacts to your project during FY 2021. Identify which activities were suspended due to COVID-19 impacts during FY 2021, which activities have resumed without any changes, and which activities were modified to adapt to COVID-19 impacts.

**NOTE:** A ‘Progress Report’ column can be added to your previously submitted work plan to reduce reporting burden.

**Services/Activities Directions**

Describe services and activities in enough detail so that it is clear WHAT the activity entails including number of participants, name of the activity (if applicable), frequency and duration of service/activity and any other supporting information that will provide consultants with a clear picture of the day-to-day service/activity that will be provided. It is helpful to point out if the activities are integrated or linked to other services/activities in your plan.

Your services and activities should be clearly linked to your program goal and one or more of the stated objectives. One service/activity may relate to accomplishing more than one objective.

Add more rows if adding more Services/Activities.

**Person Responsible Directions**

Clearly identify the person(s) responsible for carrying out each service/activity described.

Please provide titles/positions, not names of individuals.

**Timeframe Directions**

Provide a time frame for implementing each service/activity described.

**Evaluation Directions**

Describe evaluation methods and measures.

The evaluation plan should include a measurement of accomplishing the services/activities that support the attainment of the program goal(s) and objective(s).

**Family Planning Attachment \_\_\_\_\_**

**FY 2021 Work Plan Progress Report**

| **Program Goal:**  Goal(s) should be specific, measurable, attainable, realistic, and time bound (SMART). |
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| **Objective:**  Objective(s) should be SMART and relate to accomplishing the stated goal. |

| **Services/Activities** | **Person**  **Responsible** | **Timeframe** | **Evaluation** | **Progress Report** |
| --- | --- | --- | --- | --- |
| Services/Activities 1: |  |  |  |  |
| Services/Activities 2: |  |  |  |  |
| Services/Activities 3: |  |  |  |  |
| Services/Activities 4: |  |  |  |  |
| Services/Activities 5: |  |  |  |  |