**Michigan Family Planning Program**

**Annual Health Care Plan**

**Required Work Plan Format**

**Instructions**

**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).

**NOTE:**As part of your agency’s work plan,at least one project goal and objective for *Community Education Activities* (See Section 11.2 of the Standards and Guidelines Manual) and at least one project goal and objective for *Community Promotion Activities* (See Section 11.2 of the Standards and Guidelines Manual) **must** be included.

All program goals and objectives should reflect regional needs and engage priority populations.

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

**FY 2022 Work Plan**

| **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(s). |

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