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| **Agency/Organization Name:** |  |
| **Program/ Grant Name:** |  |
| **Project Title:** |  |
| **Total Request:** |  |
| **Primary Target Population:** |  |
| **Estimated Reach:**  |  |
| **Programmatic Contact Person:** |  |
| **Telephone:** |  |
| **Email:** |  |

**Guidance:**

Using the following instructions please complete the chart below:

* Goal: Make sure your goals are clear and reachable, each one should be:
	+ Specific (simple, sensible, significant)
	+ Measurable (meaningful, motivating)
	+ Achievable (agreed, attainable)
	+ Relevant (reasonable, realistic and resourced, results-based)
	+ Time bound (time-based, time limited, time/cost limited, timely, time-sensitive)
* Objective (SMART): Measurable steps your organization would take to achieve the goal
* Key Indicator: A measurable value that effectively demonstrates how you will achieve your objective(s)
* Key External Partner: Who you work with outside of your organization to achieve the goal
* Key Activity: Actions you plan carry out in order to fulfill the associated objective
* Start Date and Completion Date: The dates you plan to complete the associated activity
* Actual Start Date and Completion Date: The dates you actually started and completed the activity
	+ Note: These columns should be entered by you and submitted to your project officer at the end of the budget period
* Key Personnel: Title of individuals from your organization who will work on the activity

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| **GOAL 1:** *Expand the availability of health care transition (HCT) training to school-based health centers (SBHCs) and to community-based mental health providers using evidence-informed HCT interventions and tested quality improvement (QI) methodologies.* |
| **Measurable Objectives/Activities:** |
| **Objective #1:***By the end of month 12, partner with School-Based Health Centers and move from customizing and piloting the Six Core Elements of HCT to full implementation in routine preventive and primary care.*  |
| Key Indicator(s): *Number of students completing HCT readiness assessments, preparation of article on DC SBHC transition quality improvement initiative, number of presentations of SBHC transition results locally and nationally.* |
| Key External Partner(s): *DC DOH and SBHCs* |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. *In months 1-9, continue training/coaching SBHC clinical teams as they incorporate transition into routine clinic processes.* | *10/1/17* | *6/30/18* |  |  | *Primary Investigator**Consultant* |
| B.  |  |  |  |  |  |
| **Objective #2:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| **Objective #3:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |

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| **GOAL 2:**  |
| **Measurable Objectives/Activities:** |
| **Objective #1:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |
| **Objective #2:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |
| **Objective #3:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |

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| **GOAL 3:**  |
| **Measurable Objectives/Activities:** |
| **Objective #1:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |
| **Objective #2:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |
| **Objective #3:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |

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| **GOAL 4:**  |
| **Measurable Objectives/Activities:** |
| **Objective #1:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |
| **Objective #2:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |
| **Objective #3:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |