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| **COMMUNITY YOUTH DEVELOPMENT PROGRAM** |
| **PROJECT WORK PLAN** |
| The Project Work Plan provides specific details of how services will be implemented under this Grant. The Project Work Plan is designed to be a flexible document that may be revised periodically over the Period of Performance. This flexibility allows the Grantee to propose minor revisions to services or operations to respond to changing context. Revisions to the Project Work Plan must not change the overall scope of the project and must be approved by DFPS prior to implementation. DFPS reserves the right to make the final determination on any proposed revisions.  |
| **GRANTEE NAME:**       |
| **PERIOD OF PERFORMANCE:** 09/01/2021-08/31/2025 |
| **FISCAL YEAR:** FY23 |
| **COUNTY & ZIP CODES/S:** 78744 |

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| **CONTACT INFORMATION \*\*Please add rows as necessary**  |
|  | **NAME** | **TITLE** | **EMAIL** | **PHONE** |
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| **CYD PROGRAM SUMMARY CHART** |

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| **Program Component***List all required and ancillary program components offered* | **AGENCY DELIVERING PROGRAMMING** | **ANTICIPATED ANNUAL OUTPUT\*** | **ANTICIPATED AVERAGE MONTHLY OUTPUT\*** | **PROGRAM LENGTH** | **FREQUENCY AND INTENSITY OF PROGRAMMING -****Total # of sessions, visits, or interactions per Participant** | **DAYS/TIMES PROGRAMMING PROVIDED BY AGENCY** | **LOCATION – include all****where programming is offered** | **VIRTUAL MODIFICATIONS****(if applicable)** |
| *Ex: Mentoring* | *Agency X* | *Q1-Q3:**80 unduplicated**Q4:**70 unduplicated* | *Q1-Q3:**35 unduplicated**Q4:**20 unduplicated* | *Q1-Q3: 4-month cohorts (fall & spring)**Q4: 3-month cohort (summer)* | *Q1-Q3: Bi-weekly**2 sessions per month x 4 months = 8**Q4: Weekly**4 sessions per month x 3 months = 12* | *Q1-Q3: First and Third Wednesdays 5p - 7p**Q4: Wednesdays 5p - 7p* | *Q1-Q3: ABC High School**Q4: XYZ Community Library* | *Via X platform* |
|   |   |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
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*\** *An unduplicated Youth served is an Index Youth with a unique PEIRS client ID number who receives at least one service and is only counted one time during the State fiscal year.*

*Indicate if Youth served Output target includes any duplicated Youth served.*

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| **OUTPUTS**  | **TARGET**  | **OUTCOMES** | **TARGET** |
| **OUTPUT 1:** Expected average number of Index Youth served annually. |       | **OUTCOME 1:** 10-17-year-old Index Youths will not engage in delinquent behavior. | 100% |
| **OUTPUT 2:** Expected number of Index Youth served monthly during the school year (September – May). |       | **OUTCOME 2:** Index Youth report positive outcomes in at least one domain of the Program Experience Survey at discharge | 80% |
| **OUTPUT 3:** Expected number of Index Youth served monthly during the summer (June-August) |       | **OUTCOME 3:** Index youth improve in at least one domain or area of the survey chosen by PEI between pre- and post-program participation. | 75% |
| **OUTPUT 4:** Index Youth will complete the PEI Program Experience Survey at Discharge | 50% |  |  |
| **OUTPUT 5:** IndexYouth will complete a matching pre-program participation and post-program participation survey as designated by PEI | 60% |  |  |

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| **TARGET POPULATION** |
| AGE RANGE | ANTICIPATED PERCENTAGE OF YOUTH SERVED ANNUALLY |
| Youth Ages 6-9 |       |
| Youth Ages 10-17 |       |

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| **REQUIRED & ANCILLARY PROGRAMMING PROVIDED** *Please describe in detail the CYD Required and Ancillary Programming your agency provides, how the program will be delivered, and what developmental assets will be addressed.*  |

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| **REQUIRED PROGRAMMING (*Add Sections as Necessary*)** |

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| **MENTORING** |
| **Organization/Program Name:**      | **FY**     **: Program Funding Amount:**       |
| **Programming Period Q1-Q3:** From:      To:      **Programming Period Q4:** From:      To:       |
| **All addresses (locations) where services will be provided, (please use full address):****Q1-Q3:**      **Q4:**       |
| **Describe the Mentoring services to be provided in detail, and Mentoring guidelines as outlined in Section 2.5.10(A)(1) of the RFA:**     **Please list any differences in how Mentoring services will be provided in Q1-Q3 vs. Q4, if any:**       |
| **What is the adult mentor to Youth mentee ratio:**       |
| **List the developmental assets addressed in this program component, see list of assets at the end of the PWP:** **Q1-Q3:**      **Q4:**       |
| **Youth Population to be served:** |
| [ ]  **Males** [ ]  **Females** | [ ]  **6-9 years of age** [ ]  **10-17 years of age** |
| **Race/Ethnicity:**      | **Grades Targeted:**       |

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| **YOUTH LEADERSHIP DEVELOPMENT (YLD)** |
| **Organization/Program Name:**      | **FY**     **: Program Funding Amount:**       |
| **Programming Period Q1-Q3:** From:      To:      **Programming Period Q4:** From:      To:       |
| **All addresses (locations) where services will be provided, (please use full address):****Q1-Q3:**      **Q4:**       |
| **Summarize the YLD program design and services to be provided in detail as outlined in Section 2.5.10 (A)(3) of the RFA. Include a YLD Scope and Sequence and label as Attachment D-3 Scope and Sequence**            |
| **Describe how the three YLD elements will be incorporated into your program design.**1. **Leadership knowledge**

     1. **Leadership skill building**

     1. **Leadership in action**

     **Please list any differences in how the incorporation of YLD elements will differ in Q1-Q3 and Q4, if any:**       |
| **Describe the process for ensuring YLD program Participants will be provided opportunities to serve in leadership roles in the community:** **Q1-Q3:**      **Q4:**       |
| **List the developmental assets addressed in this program component, see list of assets at the end of the PWP:** **Q1-Q3:**      **Q4:**  |
| **Youth Population to be served:** |
| [ ]  **Males** [ ]  **Females** | [ ]  **6-9 years of age** [ ]  **10-17 years of age** |
| **Race/Ethnicity:**      | **Grades Targeted:**       |

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| **ANCILLARY PROGRAMMING (*Add Sections as Necessary*)** |

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| **Service Provider Information** |
| **Organization/Program Name:**      | **FY**     **: Program Funding Amount:**       |
| **Programming Period Q1-Q3:** From:      To:      **Programming Period Q4:** From:      To:       |
| **All addresses (locations) where services will be provided, (please use full address):****Q1-Q3:**      **Q4:**       |
| *Check all that apply*☐ Youth-Based Curriculum [ ]  Family-Based Curriculum [ ]  Sports and Movement [ ]  Academic Support☐ Family Focused Activity ☐ Arts and Cultural Enrichment ☐ Service Coordination  |
| **Describe the programming to be provided in detail. For each program component chosen above, list and detail information each program component separately.** **Q1-Q3:**      **Q4:**       |
| **List the developmental assets addressed in this program component, see list of assets at the end of the PWP:** **Q1-Q3:**      **Q4:**  |
| **Youth Population to be served:** |
| [ ]  **Males** [ ]  **Females** | [ ]  **6-9 years of age** [ ]  **10-17 years of age** |
| **Race/Ethnicity:** | **Grades Targeted:**  |

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| **FAMILY AND PRIMARY CAREGIVER ENGAGEMENT***Please outline your plan for how families and primary caregivers will be engaged in the CYD program.* |
| What strategies will be used to demonstrate a commitment to the meaningful involvement of Families and Primary Caregivers in CYD?  |
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| Please detail the timeline for implementing your plan and strategies as described above.  |
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| **CURRICULUMS***Add additional rows as needed* |
| Curriculum Name | Program Component (to be used with) | Link to Website or Information | Notes/Comments |
|  |       |       |       |
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| **LOG OF ATTACHMENTS** *Add additional rows as needed* |
| Name of attachment | Provided to COA  | Notes:  |
| Attachment Org Chart | [ ]  **YES or** [ ]  **NO**  |       |

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| **40 DEVELOPMENTAL ASSETS**  |
| **EXTERNAL ASSETS**  |
| Support  | Family supportPositive family communication Other adult relationships Caring neighborhoodCaring school climate Parent involvement  |
| Empowerment  | Community values Youth Youth as resourcesService to othersSafety  |
| Boundaries & Expectations  | Family boundariesSchool boundaries Neighborhood boundariesAdult role modelsPositive peer influenceHigh expectations  |
| Constructive Use of Time  | Creative activities Youth programs Religious community Time at home  |
| **INTERNAL ASSETS** |
| Commitment to Learning | Achievement motivation School engagement Homework Bonding to school Reading for pleasure  |
| Positive Values | Caring Equality and social justice Integrity Honesty ResponsibilityRestraint  |
| Social Competencies | Planning and decision-makingInterpersonal competenceCultural competenceResistance skillsPeaceful conflict resolution  |
| Positive Identity  | Personal power Self-esteem Sense of purposePositive view of personal future  |