ATTACHMENT C: HAPP Work Plan Template

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Borough/Neighborhood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: Please complete the work plan below, detailing the activities and estimated timelines to fulfill the project's Scope of Services (pages 6-11 of the RFP). All activities and deliverables must be completed within the contract period: December 1, 2023 through June 30, 2024. Work plans will be scored based on a maximum of 15 points.

Work plans must incorporate key deliverables within each of the following areas: Health Coaching, Educational Workshops and Group Wellness Activities, Outreach and Community Engagement, and Minimum Required Staffing and Training Requirements.

All fields must be completed:

* **Activity**: in this column, briefly describe the activity that your organization will conduct.
* **Timeline**: in this column, provide information on how long the activities will take to complete.
* **Lead** **staff**: in this column, list the staff person or people that will lead the activity.
* **Key** **partners**: in this column, list any partners that your organization will work with to complete the activity.
* **Documentation**: in this column, describe how your organization will document or report that the activity is complete. The documentation will be needed as justification of the work completed and will be specified as such in the contract.

Examples have been provided below in *gray italicized text*.

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| **Activity** | **Timeline** | **Lead staff** | **Key partners** | **Documentation** |
| ***Health Coaching*** | | | | |
| *EXAMPLE: Develop curriculum in agreement with DOHMH* | *10/1/23 – 10/30/23:* | *Program Manager* | *DOHMH* | *Finalized curriculum* |
| *EXAMPLE: Develop outreach materials to recruit community members* | *10/1/23 - 2/1/24: Monthly email blasts, phone calls, and tabling to recruit community members* | *Supervisors, CHWs* | *ABA Hospital*  *XYZ Church*  *NYCHA Resident Leaders* | *Flyers, marketing materials* |
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| ***Educational Workshops and Group Wellness Activities*** | | | | |
| *EXAMPLE: Identify workshop topics and experts to facilitate. Train CHWs to provide workshops.* | *11/15/23 – 2/27/24:* | *Program Manager*  *Supervisors* | *XYZ Partner Orgs* | *Finalized schedule of activities* |
| *EXAMPLE: Organize workshops* | *12/1/16 – 6/15/24: Recruit participants, secure venue, obtain materials, etc.* | *CHWs* | *NYCHA Resident leaders*  *XYZ Partners Orgs* | *Finalized agendas* |
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| ***Outreach and Community Engagement*** | | | | |
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| ***Staffing and Training*** | | | | |
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Additional cells may be added as needed.