

FY 2022 CYS NOFO Application Appendix 9

Grant Objectives & Action Plan

Please complete the following for Established Community Committees ONLY.

The eight objectives of the grant are instrumental to achieve the goal of reducing the rates of delinquency and violence among youth ages 11 to 24 in designated service areas.

Please complete the following tables and narratives for each objective for the next fiscal year. If your Area Project Board oversees multiple Community Committees, a complete set of tables/narratives must be completed for each Community Committee.

If you are addressing the objective with multiple activities, please complete additional tables/narratives as needed. Please report the following for each objective:

TABLES

- A. Identified community need.
- B. Problem statement of identified community need.
- C. Activity Goal (specific to address need):
- D. Activity Objective (specific to need and goals):
- E. Type of service: Organizing, advocacy or direct service to youth.
- F. Location – This should be the name of the community-based site where the service is being implemented.
- G. City/County – Enter the name of the city and county where the school and/or community-based site are located.
- H. Setting – Enter the setting in which you are conducting the service (i.e. school, work location, local provider, home, etc.)
- I. Age range of youth you are targeting.
- J. Number of youth to be served: Please indicate the number of youth to be served through this activity, at this location over the fiscal year. This should be an unduplicated number.
- K. Description of activity:
- L. Outcomes expected from this activity:
- M. Performance Measure & Standard that will demonstrate intended outcome was achieved:
- N. Performance Measurement method: How will the activity be measured?

NARRATIVES

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and meets the performance measure target.
6. If this is the same activity carried out previously, please indicate when and justify the need to continue to provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on addressing the identified need.

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Objective 1. Increase in community engagement for developing and supporting delinquency and violence prevention.

Community Committee Name:	
A. Identified Need:	
B. Problem statement:	
C. Activity Goals:	
D. Activity Objective:	
E. Type of service:	
F. Location Name:	
G. City and County of Location:	
H. Setting:	
I. Age range of youth:	
J. Number of youth to be served:	
K. Description of service:	
L. Outcomes expected:	
M. Performance measure and standard:	
N. Performance measurement method:	

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and
6. how it will meet the performance measure targeted.
7. If this is the same activity carried out previously, please indicate when and justify the need to continue or again provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on the identified need.

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Objective 2. Increase in meaningful youth involvement in the development of delinquency and violence prevention.

Community Committee Name:	
A. Identified Need:	
B. Problem statement:	
C. Activity Goals:	
D. Activity Objective:	
E. Type of service:	
F. Location Name:	
G. City and County of Location:	
H. Setting:	
I. Age range of youth:	
J. Number of youth to be served:	
K. Description of service:	
L. Outcomes expected:	
M. Performance measure and standard:	
N. Performance measurement method:	

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and
6. how it will meet the performance measure targeted.
7. If this is the same activity carried out previously, please indicate when and justify the need to continue or again provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on the identified need.

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Objective 3. Increase youth connection to existing health, employment and human services.

Community Committee Name:	
A. Identified Need:	
B. Problem statement:	
C. Activity Goals:	
D. Activity Objective:	
E. Type of service:	
F. Location Name:	
G. City and County of Location:	
H. Setting:	
I. Age range of youth:	
J. Number of youth to be served:	
K. Description of service:	
L. Outcomes expected:	
M. Performance measure and standard:	
N. Performance measurement method:	

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and
6. how it will meet the performance measure targeted.
7. If this is the same activity carried out previously, please indicate when and justify the need to continue or again provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on the identified need.

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Objective 4. Increase in family communication and supervision of youth.

Community Committee Name:	
A. Identified Need:	
B. Problem statement:	
C. Activity Goals:	
D. Activity Objective:	
E. Type of service:	
F. Location Name:	
G. City and County of Location:	
H. Setting:	
I. Age range of youth:	
J. Number of youth to be served:	
K. Description of service:	
L. Outcomes expected:	
M. Performance measure and standard:	
N. Performance measurement method:	

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and
6. how it will meet the performance measure targeted.
7. If this is the same activity carried out previously, please indicate when and justify the need to continue or again provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on the identified need.

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Objective 5. Increase in life skills development that will lead to self-sufficiency and delay and deter engagement in risk behaviors – alcohol tobacco and other drug use, sexual activity, fighting, gang involvement, etc.

Community Committee Name:	
A. Identified Need:	
B. Problem statement:	
C. Activity Goals:	
D. Activity Objective:	
E. Type of service:	
F. Location Name:	
G. City and County of Location:	
H. Setting:	
I. Age range of youth:	
J. Number of youth to be served:	
K. Description of service:	
L. Outcomes expected:	
M. Performance measure and standard:	
N. Performance measurement method:	

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and
6. how it will meet the performance measure targeted.
7. If this is the same activity carried out previously, please indicate when and justify the need to continue or again provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on the identified need.

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Objective 6. Increase in preparation to continue onto college and high-demand career fields by youth.

Community Committee Name:	
A. Identified Need:	
B. Problem statement:	
C. Activity Goals:	
D. Activity Objective:	
E. Type of service:	
F. Location Name:	
G. City and County of Location:	
H. Setting:	
I. Age range of youth:	
J. Number of youth to be served:	
K. Description of service:	
L. Outcomes expected:	
M. Performance measure and standard:	
N. Performance measurement method:	

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and
6. how it will meet the performance measure targeted.
7. If this is the same activity carried out previously, please indicate when and justify the need to continue or again provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on the identified need.

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Objective 7. Increase educational aspirations by parents for their children.

Community Committee Name:	
A. Identified Need:	
B. Problem statement:	
C. Activity Goals:	
D. Activity Objective:	
E. Type of service:	
F. Location Name:	
G. City and County of Location:	
H. Setting:	
I. Age range of youth:	
J. Number of youth to be served:	
K. Description of service:	
L. Outcomes expected:	
M. Performance measure and standard:	
N. Performance measurement method:	

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and
6. how it will meet the performance measure targeted.
7. If this is the same activity carried out previously, please indicate when and justify the need to continue or again provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on the identified need.

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Objective 8. Improve the physical environment including school climate in local schools within the designated service area through advocacy strategies.

Community Committee Name:	
A. Identified Need:	
B. Problem statement:	
C. Activity Goals:	
D. Activity Objective:	
E. Type of service:	
F. Location Name:	
G. City and County of Location:	
H. Setting:	
I. Age range of youth:	
J. Number of youth to be served:	
K. Description of service:	
L. Outcomes expected:	
M. Performance measure and standard:	
N. Performance measurement method:	

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and
6. how it will meet the performance measure targeted.
7. If this is the same activity carried out previously, please indicate when and justify the need to continue or again provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on the identified need.