

Platinum Project Plan

**Project Name**

[DATE]

[Agency Name]

[Site Location(s)]

[WIC Director]

 [APL]

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# globalSection 1: Project Initiation

##

## 1. a) Needs Assessment

Provide a brief description of the needs assessment you conducted that helped you choose your project.

**1. b) Description**

Provide a brief description of your project and how it relates to Platinum Services.

## 1. c) Goals and Objectives

What will the project achieve?

Use SMART Objectives (Specific, Measurable, Attainable,Realistic, Time-bound)

# Section 2: Project Organization and Planning

## 2. a) Work Plan/Milestones

List the project’s milestones, tasks required, who will do each task, and target completion date for each milestone.

| **Milestone** | **Tasks** | **Who** | **Target Completion Date** |
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## 2. b) Contacts, Roles, and Responsibilities

List individuals, roles,responsibilities and contact information.

| **Contact** | **Role** | **Responsibility** | **E-mail** | **Telephone** |
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##

# piggybankSection 3: Project Costs and Funding

Provide a detailed description of expected project expense items and the estimated cost for each. **Submit to APL Consultant by April 15.**

##

| **Item Descriptions** | **Estimated Funding** | **Estimated Costs** |
| --- | --- | --- |
| **Funding Sources:** |
| APL Authority to Spend (ATS) Funds |  |  |
| Other:  |  |  |
| **Expenses:**Travel: (3 Trips to Sacramento) + Project-related costs |
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| Estimated Totals  |  |  |

**Local Agency Budget Approval** (Immediate Supervisor & Director)

☐My agency plans to use the base amount (October ATS amount) and I am willing to allocate NSA funds to cover costs that exceed the base amount if necessary.

☐My agency plans to use up to the base amount only. I choose not to allocate NSA funds to cover the remainder of the costs.

☐My agency chooses to defer funds for the APL project this year.

I understand funds requested for the APL project above the base amount is not guaranteed. The APL trainee and the management team have a back-up plan to implement in case the desired project funding is not authorized in full.

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 (Supervisor Signature) (Date)

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 (Print Name) (Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Director Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print Name) (Title)

# Section 4: Project Evaluation

## 4. a) Monitoring

## Describe how you will provide ongoing monitoring (evaluation) throughout the life of the project.

## 4. b) Final Evaluation

##  Describe how you will conduct a final evaluation and the evaluation tool(s)you will use.

##

**Project Plan Final Approval**

**Project Name:**

**APL Trainee(s)**

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 (Signature) (Date)

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 (Signature) (Date)

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 (Signature) (Date)

**Site Supervisor (if applicable)**

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 (Signature) (Date)

**Program Director**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) (Date)

**State APL Consultant**

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 (Signature) (Date)