Work Plan for OD2A Community Grantees

Version Date: 09/24/2024

|  |  |
| --- | --- |
| **Grantee Name:** Click or tap here to enter text. |  **Grant Number:** Click or tap here to enter text. |
| **Workplan Date:** Click or tap here to enter text. **Original** [ ]  **Revised** [ ]  |  **Project Period (MM/DD/YYYY):** Click or tap here to enter text. |
| **Grantee Address:**Click or tap here to enter text. |  **City:** Click or tap here to enter text. |
| **State/Zip code:** Click or tap here to enter text. |  **Person completing plan:** Click or tap here to enter text. |

*(Please make sure that all information entered above matches submitted W-9)*

## **Work Plan:**

Refer to your grant contact under “Required Services” and complete the fields below. Add / Subtract tables as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Objective | Key Tasks | Responsible Party | Start Date | End date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## **SMARTIE Goal Setting**

Using the CDC document, “From Smart to Smartie,” provided in your grant package and on the [DSU Reporting & Guidance Documents Page](https://www.healthvermont.gov/alcohol-drugs/grantees-contractors/reporting-forms-guidance-documents), please outline a SMARTIE goal for your Project.

**SPECIFIC.** Clear and focused DETAILS describing what will be done.

Click or tap here to enter text.

**MEASURABLE**. Progress is assessed using DATA that is tracked over time.

Click or tap here to enter text.

**ATTAINABLE.** The team is ABLE and AGREES to accomplish the goal as written.

Click or tap here to enter text.

**RELEVANT**. The goal is MEANINGFUL and aligned with values and outcome statements.

Click or tap here to enter text.

**TIME-BOUND**. Clear the START and END dates to achieve completed work.

Click or tap here to enter text.

**INCLUSIVE**. INCLUDES setting the conditions for sharing power, collective policymaking, and data-informed decision-making with traditionally marginalized people

Click or tap here to enter text.

**EQUITABLE.** Elements of FAIRNESS and JUSTICE that address systemic inequity and oppression.

Click or tap here to enter text.

## **Reporting Schedule and Submissions:**

Reporting templates, guidance documents and submission tools can be found at:

[HealthVermont.gov/alcohol-drugs/grantees-contractors/reporting-forms-guidance-documents](https://www.healthvermont.gov/alcohol-drugs/grantees-contractors/reporting-forms-guidance-documents)

(under Harm Reduction > OD2A grants)

|  |  |  |
| --- | --- | --- |
| **Due Date** | **Reports Due** | **Submission Location** |
|  |
| 10/31/2024 or 30 Days post-grant execution (if not executed by 10/01/2024) |  Project Budget and Budget NarrativeProject Work PlanData Collection Plan | DSU via Alchemer |  |
| 12/31/2024 | Quarter 1 Progress Report | DSU via Alchemer |  |
|  |
| 3/31/2024 | Quarter 2 Progress Report | DSU via Alchemer |  |
|  |
| 6/30/2024 | Quarter 3 Progress Report | DSU via Alchemer |  |
|  |
| 9/30/2024 | Quarter 4 Progress Report | DSU via Alchemer |  |
|  |
| Within 10 calendar days of written request | Reporting/Invoice Documentation | DSU via Alchemer |  |
| Within 45 days of Subrecipient’s fiscal year end | Subrecipient Annual Financial Report | Submit electronically to: |  |
|  |
|  |
| [Subrecipient Annual Report](https://forms.office.com/pages/responsepage.aspx?id=O5O0IK26PEOcAnDtzHVZxtpLKJiICIVMpu5IvkMyX39UMDRGR0Q0Q0Q5QTc3NUNUWkExVFpPTUcyVi4u&web=1&wdLOR=cA4433344-CD35-4992-AE29-24DD8AD9DEFB) |  |