**APPLICANT NAME:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **INPUTS** |  | **ACTIVITIES** | **AUDIENCE** |  | **YEAR 1 OUTCOMES** | **YEAR 2 OUTCOMES** |
| *What resources will be used to implement projected activities?. Consider staffing, technology, time, money, equipment, etc.*  | *What will be done? Sequence activities for implementation and ongoing programming.* | *Who will be served?*  | *What will be different at the end of year 1? (SMART objective that is quantifiable)* | *What will be different at the end of year 2? (SMART objective that is quantifiable)* |
|  |  |  |  |  |  |  |