# Community Long-Term Goals

The community’s long-term goals are the foundation for all projects. The following exercise will help you define long-term goals that provide a framework for project development.

|  |
| --- |
| Describe the community’s long-term goal(s): |
|  |

|  |
| --- |
| Where can your community long-term goals be found? (E.g. Comprehensive plan, strategic plan, mission statement, etc.) |
|  |

# Community Conditions List

|  |
| --- |
| Write the Long Term Community Goal that was identified in the previous activity here: |
|  |

|  |
| --- |
| List the barriers, gaps or challenges that stand in the way of reaching the long-term community goal. |
|  |

|  |
| --- |
| From the list above, which one barrier, gap or challenge could your project address. Write your one choice from the list above here. |
|  |

Community Conditions Questionnaire

This exercise will help you clearly define the Current Community Condition(s)/barriers your project will be addressing. Answer the questions below about your community.

|  |
| --- |
| Describe the community that participated in identifying the condition(s) that stand in the way of long-term goal achievement. |
|  |
| What community members are impacted by the condition(s) (if different from the community defined above)? |
|  |
| Using the answers above, write out your current community condition. |
|  |

|  |
| --- |
| What evidence do you have to show this condition is a barrier to achieving a long- term community goal? |
|  |
| What created this condition? |
|  |
| What responsibility does your tribe or organization have for addressing the condition? |
|  |
| Based on the responses to these questions, state the Current Community Condition: |
|  |

# Determine the Project Goal

Fill out the information requested below:

|  |
| --- |
| Describe the community’s project idea. |
|  |
| Describe your intended target community. |
|  |
| Write a project goal statement that will address the condition and bring the community closer to reaching the project goal. |
|  |

# Draft The Objective Using SMART

|  |
| --- |
| Using the SMART format, draft one project objective. |
|  |

|  |  |
| --- | --- |
| Does your objective have: | Answer: Yes or No |
| Specific results described? |  |
| Measurable changes in the community condition? |  |
| Achievability with the time and resources available? |  |
| Relevancy to the project? |  |
| Timeframe with a deadline? |  |

If your objective does not fit the SMART format, go back and revise it!

# Identifying Well-Written Objectives

For each of the well-written objectives below, use the table to identify the TTIP formatting:

|  |  |
| --- | --- |
| 1. By the end of 36 months, there will be a 50% increase in fitness levels achieved by 200 of our high school students ages 13-18. | |
| What was the Timeline? |  |
| What was the Target? |  |
| What was the Indicator? |  |
| What was the Population? |  |

|  |  |
| --- | --- |
| 2. Of the 972 households in our community, 400 will participate in a community- based recycling program with 45% demonstrating ongoing, responsible, waste disposal by the end of year two. | |
| What was the Timeline? |  |
| What was the Target? |  |
| What was the Indicator? |  |
| What was the Population? |  |

Now, find the best objective(s) below. (Check all that apply)

\_\_\_\_ Two teachers will receive teacher certification.

\_\_\_\_ By the end of the project, 60 data input operators will increase their marketable skills, with a minimum of 30 being hired at local data centers in our region.

\_\_\_\_ The Ojibwe language department will develop K–3 language curriculum materials as measured by the development of 20 new curriculum items in each category by

the end of Year 2.

\_\_\_\_ By the end of the project, 10 Tribal Ordinances will have been developed.

\_\_\_\_ During the first project year, the Ojibwe Tribe will have trained and certified 6 elders on classroom procedure requirements, with a minimum of four being

placed in Tribal classrooms.

\_\_\_\_ A training workshop will be held for 50 people.

# Identify your Outcomes

|  |
| --- |
| Write your Objective: |
|  |
| Now determine the outcomes associated with achieving this objective: |
|  |
| Now choose a primary outcome: |
|  |

Project Outcome Tracker

Using the Project Goal, Objective, and Primary Outcome you identified earlier in this manual, fill in your Project Outcome Tracker:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Project Outcome Tracker | | | | | | | |
| Project Goal: | | | | | | | |
| Objective: | | | | | | | |
| Outcome | Indicator | Means of  Measurement | Baseline | Project  Year 1 | Project  Year 2 | End of  Project | 3-Yr  Post |
|  |  |  |  |  |  |  |  |
| Outputs: | | | | | | | |

# Draft your OWP

For this activity, fill out the blank OWP below. Insert the Project Title, Project Goal, Project Year, Objective and Outcome into the OWP form; these were created in the earlier section activities.

Develop the milestone activities to accompany your objectives. Next to each milestone activity include the outputs this activity will produce along with the Project Staff. Sequence each of the activities in the order in which they will be initiated by assigning the Start Date. Next determine the timeframe necessary to complete the activity and give it an End Date. Be sure to allow enough time for each activity. It is better to overestimate than underestimate time required!

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Title: | | | Project Year: | |
| Project Goal: | | | | |
| Objective: | | | | |
| Outcome: | | | | |
| Milestone Activities | Outputs | Project Staff | Start  Date | End  Date |
| 1 |  | Lead:  Support: |  |  |
| 2 |  | Lead:  Support: |  |  |
| 3 |  | Lead:  Support: |  |  |
| 4 |  | Lead:  Support: |  |  |
| 5 |  | Lead:  Support: |  |  |
| 6 |  | Lead:  Support: |  |  |
| 7 |  | Lead:  Support: |  |  |
| 8 |  | Lead:  Support: |  |  |
| 9 |  | Lead:  Support: |  |  |

# Determine your Internal/External Resources

List resources available inside your organization, village or community (internal resources).

|  |  |  |
| --- | --- | --- |
| Resource | Benefit to Potential Project | Cost/Value  ($) |
| Human | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Programs/Services | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Facility/Equipment/Goods | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Other | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

List resources available outside your organization, village or community (internal resources).

|  |  |  |
| --- | --- | --- |
| Resource | Benefit to Potential Project | Cost/Value  ($) |
| Human | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Programs/Services | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Facility/Equipment/Goods | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Other | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Identifying a Project Approach

|  |
| --- |
| What is your project concept? |
|  |
| What are the project goals and objectives? |
|  |
| What existing assets/resources are available from your organization and from  outside your organization? |
|  |
| Are there existing projects/programs that could be used as a model? |
|  |
| What organizational capacity will be needed to carry out the project? |
|  |
| Based on this information , summarize the intended Project Approach: |
|  |
| Describe the community support and ownership for this project: |
|  |

Conduct an Organizational Capacity Analysis

Go back to your organization and conduct an assessment to analyze and evaluate the organizational and financial management structures you have in place; focus on any gaps.

Examples to Consider: Data Collection, Policies and Procedures (i.e.: hiring, purchasing, work related travel, separation of duties, records retention), Program Management Systems.

|  |  |
| --- | --- |
| Organizational Structures | Updates/Changes Needed |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Financial Structures | Updates/Changes Needed |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# Draft a Contingency Plan

Now create a contingency plan for your project. Remember to address each of the three main areas of concern: staffing, partnerships and participants.

|  |
| --- |
| Staffing |
| Activity:  Challenge:  Contingency Plan: |
| Partnership |
| Activity:  Challenge:  Contingency Plan: |
| Participants |
| Activity:  Challenge:  Contingency Plan: |
| Other |
| Activity:  Challenge:  Contingency Plan: |

# Develop your Sustainability Strategy

What outcomes and activities of your project will be sustained? Create bullet points and possible future costs. This can be the start to your new Sustainability Strategy.

|  |  |  |
| --- | --- | --- |
| Sustainability Types | Outcomes or Activities Sustained | Costs |
| Institutionalization |  |  |
| Leveraged Resources |  |  |
| Program Income |  |  |
| Programmatic Funding |  |  |
| Increased Capacity |  |  |

# Identify the Financial Needs

Using the OWP you created in the previous activities, fill out the following charts to help determine your this financial needs.

|  |
| --- |
| Write down your project objective: |
|  |

What staff will you need to accomplish the project as designed?

|  |  |  |  |
| --- | --- | --- | --- |
| Position | Responsibilities | Percentage of time dedicated to project (e.g., 100%, 50%?) | Estimated cost (base this on their current salaries) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

What out-of-area travel do you anticipate needing for this project?

|  |  |  |  |
| --- | --- | --- | --- |
| Travel Destination | Purpose of the travel | Anticipated number of days | Estimated cost (use the GSA’s travel rates or your organization’s travel rates) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Are there any special supplies that will be needed?

|  |  |  |  |
| --- | --- | --- | --- |
| Supply | Purpose | Quantity Needed | Estimated Cost |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

What are some of the project-specific cost areas for your project?

|  |  |  |  |
| --- | --- | --- | --- |
| Other Cost Areas | Purpose | Quantity | Estimated Cost |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

ACTIVITY 16

# The Budget

Thinking about your project approach, Objective Work Plan, and the cost estimate, develop a line-item budget and a narrative budget justification which explain how estimated costs relate to the project approach. This is a good exercise to ensure that your budget costs are reasonable, relevant, and justified in supporting the project approach.

|  |  |  |  |
| --- | --- | --- | --- |
| Line Item Budget for Year (create budget for each year) | | | |
| Category | Federal Share | Non-Federal Share (20% Total Project Cost) | Total |
| Personnel | | | |
| Project Director |  |  |  |
| Admin. Asst. |  |  |  |
| Personnel 1 |  |  |  |
|  |  |  |  |
| Personnel Total |  |  |  |
| Fringe Benefits | | | |
| FICA |  |  |  |
| Unemployment Tax (FUTA) |  |  |  |
| State Unemployment Tax (SUTA) |  |  |  |
| Retirement |  |  |  |
| Worker’s Comp - varies |  |  |  |
| Health Insurance |  |  |  |
| Fringe Total |  |  |  |
| Travel | | | |
| Post Award Training - Mandatory Year One Only |  |  |  |
| Grantee Meeting - Mandatory each year |  |  |  |
| Training Location 1 |  |  |  |
| Travel Total |  |  |  |
| Equipment | | | |
|  |  |  |  |
|  |  |  |  |
| Equipment Total |  |  |  |
| Supplies | | | |
|  |  |  |  |
|  |  |  |  |
| Supplies Total |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contractual | | | |
|  |  |  |  |
|  |  |  |  |
| Contractual Total |  |  |  |
| Other | | | |
| Office Space |  |  |  |
| Local Travel |  |  |  |
| Consultant |  |  |  |
| Consultant Travel |  |  |  |
| Consultant Travel |  |  |  |
| Consultant Travel |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Other Total |  |  |  |
| Budget Subtotal | | | |
|  |  |  |  |
| Indirect Costs/Indirect Rate: | | | |
|  |  |  |  |
| Budget Total | | | |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Budget Justification for Year (create justification for each year) | | | | |
| Category | Federal Share | Non-Federal Share (20% Total Project Cost) | Justification | |
| Personnel | | | | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
| Personnel Total |  |  |  | |
| Fringe Benefits | | | | |
| FICA % |  |  | Social Security / Medicare | |
| FUTA % |  |  | Federal Unemployment Tax | |
| SUTA % |  |  | State Unemployment Tax | |
| Retirement % |  |  | Retirement Program Contribution for all FT/PT eligible employees | |
| Worker’s Comp - varies |  |  | Workman’s Compensation Insurance | |
| Health Insurance  % |  |  | Health / Dental / Vision benefits contribution for all FT/PT eligible employees | |
| Other |  |  |  | |
| Fringe Total |  |  |  | |
| Travel | | | | |
| ANA Post Award Training - Mandatory Year One Only |  |  | Cost (x) Per Person Airfare  Lodging M&IE | Parking Mileage Taxi/Shuttle |
| ANA Grantee Meeting - Mandatory each year |  |  | Cost (x) Per Person Airfare  Lodging M&IE | Parking Mileage Taxi/Shuttle |
| Training Location 1 |  |  | Cost (x) Per Person Airfare  Lodging M&IE | Parking Mileage Taxi/Shuttle |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Cost (x) Per Person | Parking |
| Airfare | Mileage |
| Lodging | Taxi/Shuttle |
| M&IE |  |
|  |  |  | Cost (x) Per Person | Parking |
| Airfare | Mileage |
| Lodging | Taxi/Shuttle |
| M&IE |  |
| Travel Total |  |  |  | |
| Equipment | | | | |
|  |  |  |  | |
|  |  |  |  | |
| Equipment Total |  |  |  | |
| Supplies | | | | |
|  |  |  |  | |
|  |  |  |  | |
| Supplies Total |  |  |  | |
| Contractual | | | | |
|  |  |  |  | |
|  |  |  |  | |
| Contractual Total |  |  |  | |
| Other | | | | |
| Consultant |  |  | Basic Scope & Cost per unit | |
| Consultant Travel |  |  | Cost (x) Per Person | Parking |
| Airfare | Mileage |
| Lodging | Taxi/Shuttle |
| M&IE |  |
| Local Travel |  |  | Cost (x) Per Person Mileage | Parking |
|  |  |  |  | |
| Other Total |  |  |  | |
| Budget Subtotal | | | | |
| IDC |  |  | IDC Rate or  10% de Minimus rate | per 45 CFR Part 75 |
| Budget Total |  |  |  | |