AGENCY NAME:

CONTRACT #:

CONTACT PERSON:

EMAIL:

# Instructions

1. Update your work plan from last year, below. Modify or delete any activities to reflect changes from last year’s plans and add any new activities you are planning. Answer the question about changes to your work plan activities.
2. Review the potential facilitators and barriers you identified last year and update, if needed, to reflect any changes since last year.
3. Your updated Work Plan is due to Marilyn Gisser, [Marilyn.gisser@dcyf.wa.gov](mailto:Marilyn.gisser@dcyf.wa.gov), by October 25, 2023.
4. Please contact Marilyn Gisser with any question.

| **Activity** | **Expected Outcomes or Results** | **Timeframe** | **Person(s) responsible for** | **Notes, info** |
| --- | --- | --- | --- | --- |
| **Services provided directly to families (client services)** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Click out of table to add more rows as needed.*

| **Other services – not provided directly to families** |
| --- |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Click out of table to add more rows as needed.*

Describe changes you are making to your workplan activities and explain why you are making these changes.

# Potential Facilitators and Barriers

**Potential Facilitators**. Identify at least the top three facilitators that you expect to leverage to achieve success in your work?

|  |  |  |
| --- | --- | --- |
| **Facilitator brief description.** (examples – others are possible: Staff with lived experience, engaged families, strong partnership with X organization, etc.) | **How will this facilitator help you be successful?** | **What will you do to maximize the value of this facilitator?** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**Potential Barriers.** Identify at least the top three potential barriers to achieving success.

|  |  |  |
| --- | --- | --- |
| **Barrier brief description.** (examples – others are possible: need to hire staff, families are hesitant to ask for help, families are not aware of programs, etc.) | **How could this barrier impact achieve project success?** | **What will you do to prevent or mitigate the impact of this barrier?** |
|  |  |  |
|  |  |  |
|  |  |  |