

# Community Based Organization Action Plan / Work Plan

January 1, 2026 - June 30, 2027

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## Year One (January 1, 2026 – June 30, 2026)

### Goal 1:

Objective 1.1:

Lead organization:

Responsible party:

Program/Strategy Name	Start/End Dates	Implementation Plan	Funding	CSAP and Program Type Category	IOM	Survey(s)
Specify the name of the program.	MM/DD/YYYY – MM/DD/YYYY	# of groups/sets of activities # of people to be served/reached # of hours for service delivery	Specify fund source(s) for the program.	Specify the CSAP and Program Type Category	Specify the IOM.	Specify the survey name and frequency.
<i>Sample Program</i>	<i>10/01/2025 – 01/31/2026</i>	<i>2 groups to be delivered 14 people to be served 28 hours for delivery</i>	<i>DCA</i>	<i>Education Parenting Education</i>	<i>Universal-Direct</i>	<i>Pre/Post SFWSU_AX SFWSU_Y</i>
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				

**Goal 2:**

Objective 2.1:

Lead organization:

Responsible party:

Program/Strategy Name	Start/End Dates	Implementation Plan	Funding	CSAP and Program Type Category	IOM	Survey(s)
Specify the name of the program.	MM/DD/YYYY – MM/DD/YYYY	# of groups/sets of activities # of people to be served/reached # of hours for service delivery	Specify fund source(s) for the program.	Specify the CSAP and Program Type Category	Specify the IOM.	Specify the survey name and frequency.
<i>Sample Program</i>	<i>10/01/2025 – 01/31/2026</i>	<i>2 groups to be delivered 14 people to be served 28 hours for delivery</i>	<i>DCA</i>	<i>Education Parenting Education</i>	<i>Universal-Direct</i>	<i>Pre/Post SFWSU_AX SFWSU_Y</i>
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				

**Goal 3:**

Objective 3.1:

Lead organization:

Responsible party:

Program/Strategy Name	Start/End Dates	Implementation Plan	Funding	CSAP and Program Type Category	IOM	Survey(s)
Specify the name of the program.	MM/DD/YYYY – MM/DD/YYYY	# of groups/sets of activities # of people to be served/reached # of hours for service delivery	Specify fund source(s) for the program.	Specify the CSAP and Program Type Category	Specify the IOM.	Specify the survey name and frequency.
<i>Sample Program</i>	<i>10/01/2025 – 01/31/2026</i>	<i>2 groups to be delivered 14 people to be served 28 hours for delivery</i>	<i>DCA</i>	<i>Education Parenting Education</i>	<i>Universal-Direct</i>	<i>Pre/Post SFWSU_AX SFWSU_Y</i>
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				

**Goal 4:**

Objective 4.1:

Lead organization:

Responsible party:

Program/Strategy Name	Start/End Dates	Implementation Plan	Funding	CSAP and Program Type Category	IOM	Survey(s)
Specify the name of the program.	MM/DD/YYYY – MM/DD/YYYY	# of groups/sets of activities # of people to be served/reached # of hours for service delivery	Specify fund source(s) for the program.	Specify the CSAP and Program Type Category	Specify the IOM.	Specify the survey name and frequency.
<i>Sample Program</i>	<i>10/01/2025 – 01/31/2026</i>	<i>2 groups to be delivered 14 people to be served 28 hours for delivery</i>	<i>DCA</i>	<i>Education Parenting Education</i>	<i>Universal-Direct</i>	<i>Pre/Post SFWSU_AX SFWSU_Y</i>
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				

**Goal 5:**

Objective 5.1:

Lead organization:

Responsible party:

Program/Strategy Name	Start/End Dates	Implementation Plan	Funding	CSAP and Program Type Category	IOM	Survey(s)
Specify the name of the program.	MM/DD/YYYY – MM/DD/YYYY	# of groups/sets of activities # of people to be served/reached # of hours for service delivery	Specify fund source(s) for the program.	Specify the CSAP and Program Type Category	Specify the IOM.	Specify the survey name and frequency.
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	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				

## Year Two (July 1, 2026 – June 30, 2027)

### Goal 1:

Objective 1.1:

Lead organization:

Responsible party:

Program/Strategy Name	Start/End Dates	Implementation Plan	Funding	CSAP and Program Type Category	IOM	Survey(s)
Specify the name of the program.	MM/DD/YYYY – MM/DD/YYYY	# of groups/sets of activities # of people to be served/reached # of hours for service delivery	Specify fund source(s) for the program.	Specify the CSAP and Program Type Category	Specify the IOM.	Specify the survey name and frequency.
<i>Sample Program</i>	<i>10/01/2025 – 01/31/2026</i>	<i>2 groups to be delivered 14 people to be served 28 hours for delivery</i>	<i>DCA</i>	<i>Education Parenting Education</i>	<i>Universal-Direct</i>	<i>Pre/Post SFWSU_AX SFWSU_Y</i>
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				

**Goal 2:**

Objective 2.1:

Lead organization:

Responsible party:

Program/Strategy Name	Start/End Dates	Implementation Plan	Funding	CSAP and Program Type Category	IOM	Survey(s)
Specify the name of the program.	MM/DD/YYYY – MM/DD/YYYY	# of groups/sets of activities # of people to be served/reached # of hours for service delivery	Specify fund source(s) for the program.	Specify the CSAP and Program Type Category	Specify the IOM.	Specify the survey name and frequency.
<i>Sample Program</i>	<i>10/01/2025 – 01/31/2026</i>	<i>2 groups to be delivered 14 people to be served 28 hours for delivery</i>	<i>DCA</i>	<i>Education Parenting Education</i>	<i>Universal-Direct</i>	<i>Pre/Post SFWSU_AX SFWSU_Y</i>
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				



**Goal 3:**

Objective 3.1:

Lead organization:

Responsible party:

Program/Strategy Name	Start/End Dates	Implementation Plan	Funding	CSAP and Program Type Category	IOM	Survey(s)
Specify the name of the program.	MM/DD/YYYY – MM/DD/YYYY	# of groups/sets of activities # of people to be served/reached # of hours for service delivery	Specify fund source(s) for the program.	Specify the CSAP and Program Type Category	Specify the IOM.	Specify the survey name and frequency.
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	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
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	–	people to be hours of service delivery				
	–	people to be hours of service delivery				

**Goal 4:**

Objective 4.1:

Lead organization:

Responsible party:

Program/Strategy Name	Start/End Dates	Implementation Plan	Funding	CSAP and Program Type Category	IOM	Survey(s)
Specify the name of the program.	MM/DD/YYYY – MM/DD/YYYY	# of groups/sets of activities # of people to be served/reached # of hours for service delivery	Specify fund source(s) for the program.	Specify the CSAP and Program Type Category	Specify the IOM.	Specify the survey name and frequency.
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	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				
	–	people to be hours of service delivery				

**Goal 5:**

Objective 5.1:

Lead organization:

Responsible party:

Program/Strategy Name	Start/End Dates	Implementation Plan	Funding	CSAP and Program Type Category	IOM	Survey(s)
Specify the name of the program.	MM/DD/YYYY – MM/DD/YYYY	# of groups/sets of activities # of people to be served/reached # of hours for service delivery	Specify fund source(s) for the program.	Specify the CSAP and Program Type Category	Specify the IOM.	Specify the survey name and frequency.
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