**SECTION 10 – Form 10A**

**ROMA Cycle Annual Plan**

(For Agencies that have completed the Community Needs Assessment but haven’t yet completed a Strategic Plan)

**STEP 1 - ASSESSMENT**

1. **Date Community Needs Assessment completed**:
2. **Top Five Needs/description:**

**STEP 2 - PLANNING**

1. **From the list of Top Five Needs in item 1B above, select and list three of the top five needs to work on in this Annual Plan.**

1. **Planning Tables**

**FIRST TOP NEED**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FAMILY GOALS** | | | | |
|  | **Goals** | **Outcomes (up to 3 per goal)** | **How Documented?** | **How Often?** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMMUNITY GOALS** | | | | |
|  | **Goals** | **Outcomes (up to 3 per goal)** | **How Documented?** | **How Often?** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AGENCY GOALS** | | | | |
|  | Goals | **Outcomes (up to 3 per goal)** | **How Documented?** | **How Often?** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**Second Top Need**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FAMILY GOALS | | | | |
|  | Goals | Outcomes | How Documented? | How Often? |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| COMMUNITY GOALS | | | | |
|  | Goals | Outcomes | How Documented? | How Often? |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| AGENCY GOALS | | | | |
|  | Goals | Outcomes | How Documented? | How Often? |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**Third Top Need**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FAMILY GOALS | | | | |
|  | Goals | Outcomes | How Documented? | How Often? |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| COMMUNITY GOALS | | | | |
|  | Goals | Outcomes | How Documented? | How Often? |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| AGENCY GOALS | | | | |
|  | Goals | Outcomes | How Documented? | How Often? |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**STEP 3 - IMPLEMENTATION**

1. **How often will progress on the goals and outcomes monitored and how often?**

**STEP 4 - ACHIEVEMENT OF RESULTS (No narrative required.)**

**STEP 5 - EVALUATION**

1. **Who will be involved in evaluating the results?**
2. **What process will be used to formally evaluate the level of successes and make adjustments to the Annual Plan for the following year?**