Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Chapter Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Contact email address:

Programmatic Thrust Addressed: Choose an item.

National/Regional Initiative Addressed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Program Basics**

Program Name: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Points of Contact

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Name** | **Phone** | **E-mail** |
| **Committee Chair** |       |       |       |
| **Committee Co-Chair** |       |       |       |
| **Committee Member** |       |       |       |
| **Committee Member** |       |       |       |
| **Other:** |       |       |       |

1. **Assessment**

Describe the need/issue the program will address

|  |
| --- |
|  |

Describe the method of assessment used to identify the need/issue to be addressed by the program

|  |
| --- |
|  |

1. **Plan**

Goals and Objectives:

Provide a description of what the program is to accomplish.

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| --- |
|  |

Program Approach

Describe the strategy to deliver the program.

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| --- |
|  |

Program Metrics

Describe how you will measure success of the program.

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| --- |
|  |

1. **Implement**

List the activities for the program in chronological order. Dates and locations must be provided at the time of submission. If your program has more than 8 activities – add more lines.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activities**  | **Date** | **Location** | **Materials Needed** | **Budget**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Indicate the marketing strategy that will be used to attract the target audience you have identified

|  |
| --- |
| **Marketing** |
| **Target Audience** |  |
| **Marketing method**  |  |
| **Marketing schedule** |  |
| **Marketing budget** |  |

This is the budget information that would be completed with your finance committee/treasurer.

If it has not been approved – indicate “Proposed”

|  |
| --- |
| **Budget** |
| **Activities** | **Marketing** | **Total Budget** |
| **$** | **$** | **$** |

1. **Evaluate**

Describe how you will evaluate your program against your established metrics.

|  |
| --- |
|  |

1. **Risk Management**

Risk Management Planning

For National Youth Initiatives and any activities where youth are involved

Does the program, project or activity involve youth? Yes No

If YES, you MUST comply with all Risk Management requirements before moving forward with any program or activity involving youth. This is NOT limited to the national youth initiatives but applies to any activity involving youth.