

Project Name: _____ Goal/Desired Outcome _____
 Community Assets/Strengths that you can build on to achieve this goal: _____

Potential Collaborators (*What individuals and organizations should be informed about/involved with these tasks?*)

Municipal Partners: _____

Local Organizations: _____

Regional/Local Health Care and Social Service Orgs: _____

Activities	By whom	By when	Resources and support available/needed		Potential barriers or resistance	Outputs	Outcomes	
							Short and Medium-Term Outcomes	Long-Term Impact
<i>What will we do? What will we create?</i>	<i>Who will be responsible for getting it done?</i>	<i>By what date will the action be done?</i>	<i>Resources available</i>	<i>Resources needed (financial, human, political, etc.)</i>	<i>What individuals and organizations might resist? How?</i>	<i>Who will we reach?</i>	<i>Short Term – What will people learn or experience? Medium Term – What actions will we change?</i>	<i>Change to the environment for aging (social, built, service, economic)</i>

Who is responsible for maintaining and updating information: Joe Schmo

Frequency of meetings: Monthly