

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
What will we do? What will we create?	Who will be responsible for getting it done?	By what date will the action be done?	Resources available	Resources needed (financial, human, political, etc.)	What individuals and organizations might resist? How?	Who will we reach?	Short Term – What will people learn or experience? Medium Term – What actions will we change? Change to the environment for aging (social, built, service, economic)

Who is responsible for maintaining and updating information: Joe Schmo

Frequency of meetings: Monthly