Appendix A: Sample Business Plan Format and Assessment Tool

In collaboration with HUD Multifamily Property Owners, Residents, On-Line Service Coordinators, and Local Community Partners, the U.S Department of Housing and Urban Development (HUD) is pleased to present the attached sample Neighborhood Networks (NN) Business Plan format.

As of February 1, 1998, this sample plan format of a business plan may be used in the development of Neighborhood Networks Computer Learning Centers. For your convenience, you may directly input information for your plan using this Microsoft Word 7.0 version or it can be downloaded from the Neighborhood Networks National web site. All completed NN Business Plans should be submitted to your local HUD Neighborhood Networks Coordinator. For your reference a list of all local Neighborhood Network Coordinators may be found on the National Neighborhood Networks web site at
http://www.hud.gov/nnw/nnwindex.html

A good business plan is one of the best ways owners and developers of Neighborhood Networks Computer Learning Centers can ensure success. It is more than just a marketing tool; its fleshes out the mission and structure of the center. This plan is the first step in identifying the purpose, goals and objectives of the center. It is a tool that allows Neighborhood Network planners to THINK through their ideas, solidify their intentions and objectives, and work efficiently with a plan towards specific goals. Fewer errors are made because actions will be based upon research and analysis.

There is no single best format for a business plan. This one incorporates items and concepts from the U.S. Small Business Administration's (SBA) Business Plan, which has been used successfully by thousands of small businesses. This also incorporates comments received on the Draft Neighborhood Networks Monitoring Notice proposed under the July and August 1997 "What's New" section of the Neighborhood Networks National web site (address above).

KEY POINTS WHEN DEVELOPING THIS PLAN:
Through experience, HUD has found that every Neighborhood Networks Computer Learning Center is different since they are locally created by people according to their needs and interests. As such, it is very difficult to compare one to another.

The objective of any Neighborhood Network Business Plan is to provide a "first step" that is consistent for those who are developing the computer learning centers. It also provides a framework and means for evaluating results, best practices, and successful operations.

Individual center planners may find that this format needs to be modified to suit the needs of the center, property, and residents. This plan serves as only the minimum information needed. There may be instances where more information is necessary. Some good rules of thumb to follow when preparing the plans are:

1) **Plan from the start to be self sufficient!** Many centers, from the beginning, request minimal resources or assistance from HUD. If this is the situation, you may modify the Neighborhood Networks Business/Evaluation Plan to suit the needs of the owner, property, residents, and center. However, HUD strongly encourages all centers to have a plan in place to ensure success for all involved. The plan is a road map to follow with goals and action steps to guide decision making. It also provides a way to communicate the center's operations, goals, and philosophy to personnel, residents, community partners, foundations, and other financial and business contacts.

It is essential that all Neighborhood Networks Centers become self sustaining. The goal should be to progress from substantial reliance on federal grants and funding in aid to self sustaining status within three years. HUD strongly encourages all centers to incorporate this goal into their NN Business Plan.

2) **Budget for financial sustainability:** If the center is requesting more than <u>$25,000 or $350 per unit per year, whichever is greater,</u> from HUD (either through a rent increase, release of reserves, unit off-line, or other funds), a detailed budget including how the money will be spent and how the property will maintain activities/equipment once the funding ends is required.

3) **Are the residents involved in the planning, implementation, and maintenance of the computer learning center?** Resident involvement and "ownership" of the process is a necessity and is key to the center's success. They are ultimately the customer. All plans should include a section describing resident involvement either as designers or operators as well as customers.

4) **Evaluate the successes!** All plans should include how the center will record their results and successes. This could mean picking a "baseline" figure or some aspects of the center that can be measured. Recording "Success Stories" are also encouraged. This evaluation will be very useful in attracting other potential funding resources and partners.

   Attached to this NN Business Plan, we have provided a list of potential focus areas and an Assessment/Evaluation report format. It is not necessary to use all the measures and a center may have additional benchmarks to include in its evaluation. The evaluation report should be completed on an annual basis, in conjunction with the project's fiscal year and/or annual financial statement submission.

   Where significant federal funds are involved (see Budget information above), a methodology to measure results and successes is required by the Government Performance and Results Act of 1993. At the minimum, those properties seeking property/HUD funding should provide all the information contained in this assessment and evaluation report format attached.

5) **Access to the Internet:** HUD encourages all NN Computer Learning Centers to have at least one computer with Internet capability. The Internet can be used as a tool to connect with services, information, and people as well as the opportunity for the "world" to connect with the center. It can also be used to market the successes of your program. Monthly charges for an internet account for the center (normally $19.95/month per account) are an approvable project expense.

6) **Continue to build local partnerships.** Local partners are a necessity in sustaining the NN Computer Learning Center. It is important to include in the plan ways for the center and property to continue to build local partners.

7) **Remain sensitive to possible federal/national partnerships.** There are numerous benefits in combining efforts with other programs both on the local and national levels. Collective efforts will gain increasing national recognition and thereby help in obtaining self-sufficiency. It is important to include in the plan ways for the center and the property to continue to build federal/national partnerships.

(Final Version: February 1, 1998)

Property
Name:_____
____

FHA Number (If
Insured):_____

Section 8 Contract Number(s) (If Subsidized)
        and Expiration
Date:_____

Property
Address:_____
_____

Owner (Name and
Address):_____

Management Agent (Name and
Address):_____

Contact
Name/Role:_____
_____

Address:_____
_____

Phone
Number:_____
_____

Email:_____
_____

Fax
Number:_____
_____

DESCRIPTION OF COMPUTER LEARNING CENTER

I.   General Computer Learning Center Description: Description of the computer learning center's purpose and
      its intended customers/participants.

     Mission:

     Intended Participants:

II. Please identify other properties involved in this proposal, if any.
        Name:_____
        Address:_____
        Contact Person:_____
        Phone:_____   Email:_____
        Fax:_____

III. Focus of Computer Learning Center (Please check all that apply)
            _____   Job Skills Training/Employment

_____ Introduction to/Familiarization with Computers
_____ Internet Access and Access to Local Services
_____ Health Care
_____ Basic Adult Education, Literacy, ESL, GED
_____ Economic Development (microenterprises, small businesses, telecommuting)
_____ Youth Education
_____ Senior Services
_____ Continuing Education
_____ Recreation
_____ Other

IV. Projects work best when everyone benefits (Win-Win). It is helpful to think in terms of benefits for all players.

Please indicate how your center will result in:

Benefits to the Owner (i.e lower maintenance costs, less vandalism, lower vacancy rate)

Benefits to the Residents (i.e. employability, access to information & services, fellowship, sense of community)

Benefits to the Local Community and Employers (i.e safer neighborhoods, positive environment, skilled
employees, large market share access/potential customers)

PROPERTY DATA AND DEMOGRAPHICS

Section of the Act (under which property is Insured or Funded):

Total Number of Units	Number of Section 8 Units	Percentage of Total Units Sec. 8	
		_____	

Total Number of Residents:_____
Resident Overview:
  Number of Adults 21 - 61 years old: _____
  Number of Adults 62 and older: _____
  Number of Children 0 - 6 years old: _____
  Number of Children 7 - 13 years old:_____
  Number of Children 14 - 17 years old: _____
  Number of Young Adults 18 - 20 years old: _____

Please provide the following information on the residents of the property. The % refers to the % of the total number of residents, unless otherwise specified.
Ethnic Groups %:

ESL (English as Second Language) Needs?   _____ Yes   _____No
Single Parent Household %:   _____ Female _____ Male
Disabled Residents %
            _____Physical _____Learning _____Other
Public Assistance Recipients %_____

OBJECTIVES: (Please check and insert appropriate number to all objectives that apply. THIS LIST IS NEITHER TOTALLY MANDATORY NOR TOTALLY INCLUSIVE)

_____   Providing _____ residents with access to technology and the Internet per year.

_____   Providing an opportunity for _____ <u>residents to be involved</u> in the Planning, Implementation, and Daily Maintenance of the Center on a yearly basis.

_____   <u>Reducing Welfare Dependency</u> by enabling at least _____ of the adult residents on welfare to participate in the program to get off welfare into decently paying jobs within _____ years, by _____ (date). This is in conjunction with other/similar Welfare to Work Programs.

_____   Expanding <u>Community Based Job Training</u> to at least ____ of the adult residents who participate in the program each year.

_____   Provide opportunities to <u>telecommute</u> for _____ residents each year.

_____   Encourage <u>small business ventures</u> using the computer learning center for _____ new and _____ established small businesses. Indicate whether your center is a business or whether your center is a resource for resident-owned business(es).

_____   Teaching <u>Basic Skills and Increasing Adult Education Level</u>, including Literacy, ESL, GED courses, by making educational programs available to _____ adult residents who participate in the program each year.

_____   Improving <u>Academic Achievement of School Aged Children</u> by attempting to raise and maintain the educational level on standardized test of _____ children who participate in the program, to the appropriate grade level each year.

_____   <u>Building Partnerships in the Local Community</u> by creating useful ongoing linkages with at least _____
other community groups each year.

OBJECTIVES (Continued):

_____   Improving <u>Health Care Accessibility and Partnerships</u> by creating useful ongoing linkages with at least _____ other health care providers a year and by making the programs of local health care providers available to _____ residents who participate in the center each year.

_____   Improving <u>Social Service Accessibility and Partnerships</u> by creating useful ongoing linkages with at least
_____ other social service providers a year and by making the programs of local social service providers available to _____ residents who participate in the center each year.

_____   <u>Creating a self sustaining</u> computer learning center by the _____ year of operation.

_____   Other Objectives: (Please specify below):

TIME LINE FOR PROPOSED CENTER: Please indicate proposed beginning and end dates for the following items that apply to your center. Further details are requested below the timeline.

	START DATE	COMPLETION DATE
Retrofitting or Construction of Facility		

Equipment (Hardware, software, etc.) Procurement and Testing		
Staffing of Center (trained and on board)		
Grand Opening of Center		
Third Party/Voluntary Organizations Participation and Funding for initial set-up and ongoing programs/costs.		
Training Program and Classes Beginning		
Other Milestones: (Please list in this box) * * * * * * *		

Retrofitting or Construction of Facility (Including Space Accessibility/Security/Monitoring)
(Please include what will be done and a sketch of the facility. Note here is any retrofitting services or costs will be donated and by whom.)

Equipment (hardware, software, etc.) Procurement/Testing
(Please indicate how many computers, what type of computers and software will be included based on resident surveys, and other equipment that will be used in the center such as printers, etc.)

Computers:

Printers:

Scanners & Other Equipment:

DETAIL ON TIMELINE ACTIVITIES (Continued)

Staffing of Center/Training Program and Classes Offered (Weekly Schedule for the Center)
(Please indicate how the computer learning center will be staffed . Include hours per week and anticipated staffing period i.e 1 year, 6 months, 2 years, etc.)

    Staffing:
        On Line Service Coordinator (full time or part time)

        Paid Staff:

        Resident or Other Volunteers:.

        Outside Agencies Providing Instructions:

    Weekly Schedule for the Center (including days/hours open, classes, and open lab/free time on the computers.
    (See attached Sample)

    Classes/Training Programs to be Offered:

Partnerships: Third Party/Voluntary Organization Funding and Participation
(Please list those partners involved in the initial set-up and what they brought to the center. Also indicate targeted partners or other partners that will be assisting in the daily operation of the center.)

INITIAL SET-UP AND FIRST YEAR OF OPERATIONS
FINANCIAL PLAN/ BUDGET: SOURCES AND USES OF FUNDS

Timeperiod: From _____ to_____

SOURCES → _____ USES	Private Donations	Grants (Please note grant sources below)	Earned Income from Center (ie. Use fees and rents)	In-kind Donations/ Services	Property/HUD Funds: Please specify if Unit Off-Line, Residual Receipts or Budgeted Rent Increase ($pupm)	Other (Please Identify)	TOTALS
Computer Hardware (Please List): **Other Equipment**	$	$	$	$	$	$	$
Computer Software (All programs will be site-licensed and run through the server.)	$	$	$	$	$	$	$
Staffing	$	$	$	$	$	$	$
Maintenance, Insurance, Miscellaneous	$	$	$	$	$	$	$
Retrofitting/ Security	$	$	$	$	$	$	$
Other	$	$	$	$	$	$	$
TOTALS	$	$	$	$	$	$	**GRAND TOTAL FOR INITIAL SET-UP** $

Grant Sources and Donations Listed Below (if any)

Timeperiod: From _____ to_____

SOURCES → _____ **USES**	Private Donations	Grants (Please note grant sources below)	Earned Income from Center (ie. Use fees and rents)	In-kind Donations/ Services	Property/HUD Funds: Please specify if Unit Off-Line, Residual Receipts or Budgeted Rent Increase ($pupm)	Other (Please Identify)	TOTALS
Computer Hardware (Please List): **Other Equipment**	$	$	$	$	$	$	$
Computer Software (All programs will be site-licensed and run through the server.)	$	$	$	$	$	$	$
Staffing	$	$	$	$	$	$	$
Maintenance, Insurance, Miscellaneous	$	$	$	$	$	$	$
Retrofitting/ Security	$	$	$	$	$	$	$
Other	$	$	$	$	$	$	$
TOTALS	$	$	$	$	$	$	**GRAND TOTAL FOR INITIAL SET-UP** $

Grant Sources and Donations Listed Below (if any)

Timeperiod: From _____ to_____

SOURCES → _____ **USES**	**Private Donations**	**Grants** (Please note grant sources below)	**Earned Income from Center (ie. Use fees and rents)**	**In-kind Donations/ Services**	**Property/HUD Funds:** Please specify if Unit Off-Line, Residual Receipts or Budgeted Rent Increase ($pupm)	**Other** (Please Identify)	**TOTALS**
Computer Hardware (Please List): **Other Equipment**	$	$	$	$	$	$	$
Computer Software (All programs will be site-licensed and run through the server.)	$	$	$	$	$	$	$
Staffing	$	$	$	$	$	$	$
Maintenance, Insurance, Miscellaneous	$	$	$	$	$	$	$
Retrofitting/ Security	$	$	$	$	$	$	$
Other	$	$	$	$	$	$	$
TOTALS	$	$	$	$	$	$	**GRAND TOTAL FOR INITIAL SET-UP** $

Grant Sources and Donations Listed Below (if any)

Neighborhood Networks Community Technology Centers' Assessment and Evaluation

All Neighborhood Networks centers are encouraged to complete the following baseline assessment and evaluation on an annual basis, in conjunction with the project's fiscal year and/or annual financial statement submission. At the minimum, those properties seeking project/HUD funding should provide all the information contained in the following assessment and evaluation report. This is a useful tool to promote and measure the **successes** taking place at the centers. Please complete and return to the local HUD Neighborhood Network Coordinator and the Technical Assistance Contractor.

1. What were your objectives, as outlined in the Business Plan Objective Section, and how well did you succeed?

- Provided _____ residents with access to technology and the Internet this year.

- Provided an opportunity for _____ <u>residents to be involved</u> in the Planning, Implementation, and Daily Maintenance of the Center this year.

- <u>Reduced Welfare Dependency</u>: Enabled _____ of the adult residents on welfare to participate in the program to get off welfare into decently paying jobs this year. As a result of the center's programs, there was a _____% increase (average) in income for _____ adults; _____ residents have moved out to become homeowners; _____ residents are remaining at the apartment complex. Examples of where residents went to work include:_____.

- Expanded <u>Community Based Job Training</u> to _____ of the adult residents who participated in the program this year.

- Provided opportunities to <u>telecommute</u> for _____ residents this year. Employers using telecommuting include:_____.

- Encouraged <u>small business ventures</u> using the community technology center for _____ new and/or _____ established small businesses this year. (Please indicate whether the center served as a business or whether the center served as a resource for resident-owned business(es)).

- Taught <u>Basic Skills and Increased Adult Education Level</u>, including Literacy, ESL, and GED courses, by making educational programs available to _____ adult residents who participated in the program this year. A breakdown of the number of residents who participated in each program is as follows: Literacy _____ ESL _____ GED_____.

- Improved <u>Academic Achievement of School Aged Children</u> by attempting to raise and maintain the educational level on standardized test of _____ children who participated in the program, to the appropriate grade level this year.

- Built <u>Partnerships in the Local Community</u> by creating useful ongoing linkages with _____ other community groups this year. A list of partners and their contributions include:
  _____
  _____
  _____

- Improved <u>Health Care Accessibility and Partnerships</u> by creating useful ongoing linkages with _____ health care providers this year and by making the programs of local health care providers available to _____ residents who participated in the center this year. Please provide information narrative below (or attach to this report):

_____
_____

- Improved <u>Social Service Accessibility and Partnerships</u> by creating useful ongoing linkages with _____ social service providers this year and making the programs of local social service providers available to _____ residents who participated in the center this year.

- Successful created a self sustaining community technology center in year _____. (Achieved? In Progress?)

ASSESSMENT AND EVALUATION REPORT (Continued):

- Other Center Developed Objectives/Goals Met (such as homeownership, support for higher education students, employment placements, job readiness workshops/seminars, connectivity and integration into local community, job bank development, etc.)

2. SUCCESS STORIES are very IMPORTANT! We want to showcase your successes. Please include any success stories you would like to share below:

3. Cost Analysis: How much did the operations of the Community Technology Center cost for the year? What were the funding sources used (including amounts)? For your convenience, the attached accounting form may be used.

4. Classes Offered/Participation: What classes were offered? How many residents participated out of the total resident population? For your convenience, a the attached Weekly Calendar may be used.

5. What worked well? What did not work well and why? Additional Comments?

6. For Centers focusing on Job Skills Training/Employment: Did you provide job training/placement? How many were
trained/placed this year? Of those placed, how many were still in jobs after 90 days? How many jobs have health
benefits? What new skills did the residents learn (i.e life skills, decision making skills) that will better prepare them for
the post welfare reform era?

ASSESSMENT AND EVALUATION REPORT (Continued):

7. New Objectives for Upcoming Year (Please include what objectives have changed or are no longer being sought).

This Evaluation of the _____ Community Technology Center in _____(City/State), was prepared by _____ for the period beginning and ending:
_____.

_____
(Signature, title, and date)

(Final Version: February 1, 1998)

ACTUAL SOURCES AND USES OF FUNDS FOR THIS YEAR FOR:

_____

(For the Period of: _____)

SOURCES → _____ USES	Private Donations	Grants (Please note grant sources below)	Earned Income from Center (ie. Use fees and rents)	In-kind Donations/ Services	Property/HUD Funds: Please specify if Unit Off-Line, Residual Receipts or Budgeted Rent Increase ($pupm)	Other (Please Identify)	TOTALS
Computer Hardware (Please List): **Other Equipment**	$	$	$	$	$	$	$
Computer Software (All programs will be site-licensed and run through the server.)	$	$	$	$	$	$	$
Staffing	$	$	$	$	$	$	$
Maintenance, Insurance, Miscellaneous	$	$	$	$	$	$	$
Retrofitting/ Security	$	$	$	$	$	$	$
Other	$	$	$	$	$	$	$
TOTALS	$	$	$	$	$	$	**GRAND TOTAL FOR INITIAL SET-UP** $

NEIGHBORHOOD NETWORKS COMMUNITY TECHNOLOGY CENTERS'
WEEKLY CALENDAR
(AS OF: _____)

Please Include Time and Activity

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

ROSS Neighborhood Networks Business Plan
OMB Approval No. 2577-0229

SAMPLE BUSINESS PLAN FOR APPLICANTS OF THE ROSS NEIGHBORHOOD NETWORKS FUNDING CATEGORY

A good business plan is one of the best ways developers of Neighborhood Networks Computer Technology Centers can ensure success. It is more than just a marketing tool; its fleshes out the mission and structure of the center. This plan is the first step in identifying the purpose, goals and objectives of the center. It is a tool that allows Neighborhood Network planners to THINK through their ideas, solidify their intentions and objectives, and work efficiently with a plan towards specific goals. Fewer errors are made because actions will be based upon research and analysis.

There is no single best format for a business plan. This one incorporates items and concepts from the U.S. Small Business Administration's (SBA) Business Plan, which has been used successfully by thousands of small businesses.

KEY POINTS WHEN DEVELOPING THIS PLAN:

The objective of this sample Neighborhood Network Business Plan is to provide guidance to those who are developing the computer learning centers so they may plan for sustainability beyond the 3-year term of the grant. It also provides a framework and means for evaluating results, best practices, and successful operations.

Individual center planners may find that this format needs to be modified to suit the needs of the center, PHA, and residents. This plan serves as only the minimum information needed. Your narrative will act as a supplement to this business plan. To begin your business plan, some good rules of thumb to follow when preparing the plan are:

1) Plan from the start to be self sufficient. Many centers, from the beginning, will rely on the HUD grant as well as the minimum 25% match requirement. The goal should be to progress from substantial reliance on federal grants and to self sustaining status within three years. HUD strongly encourages all centers to incorporate this goal into their NN Business Plan. The Business Plan is a road map to follow with goals and action steps to guide decision making. It also provides a way to communicate the center's operations, goals, and philosophy to personnel, residents, community partners, foundations, and other financial and business contacts.

2) Are the residents involved in the planning, implementation, and maintenance of the computer learning center?
Resident involvement and "ownership" of the process is a necessity and key to the center's success. All plans should include a section describing resident involvement either as designers or operators as well as customers.

3) Evaluate the successes. All plans should include how the center will record their results and successes. Please see the NOFA's Rating Factor 5 for guidance. Evaluating success can also be very useful in attracting other potential funding resources and partners. NOTE: Where significant federal funds are involved (see Budget information above), a methodology to measure results and successes is required by the Government Performance and Results Act of 1993.

4) Access to the Internet: HUD encourages all NN Computer Technology Centers to have at least one computer with Internet capability. The Internet can be used as a tool to connect with services, information, and people as well as the opportunity for the "world" to connect with the center. It can also be used to market the successes of your program. Monthly charges for an Internet account for the center (normally $19.95/month per account) are an approvable expense.

5) Continue to build local partnerships. Local partners are a necessity in sustaining the NN Computer Technology Center. It is important to include in the Business Plan ways for the center to continue to build local partners.

6) Remain sensitive to possible federal/national partnerships. There are numerous benefits in combining efforts with other programs both on the local and national levels. Collective efforts will gain increasing national recognition and thereby help in obtaining self-sufficiency. It is important to include in the plan ways for the center to continue to build federal/national partnerships.

Our Neighborhood Networks (NN) Business Plan

PHA Name:

_____

Address:

_____

Contact Name/Role:

_____

Address:

_____

Phone Number:

_____

Email:

_____

Fax Number:

_____

DESCRIPTION OF COMPUTER LEARNING CENTER
I. General Computer Learning Center Description: Description of the computer learning center's purpose and its intended customers/participants.

Mission:

Intended Participants:

II. Please identify other PHA locations involved in this proposal, if any.

   Name:_____

   Address:_____

   ContactPerson:_____

   Phone:_____ Email:_____

   Fax:_____

III. Focus of Computer Learning Center (Please check all that apply)

   _____ Job Skills Training/Employment
   _____ Introduction to/Familiarization with Computers
   _____ Internet Access and Access to Local Services
   _____ Health Care

_____ Basic Adult Education, Literacy, ESL, GED
_____ Youth Education
_____ Senior Services
_____ Continuing Education
_____ Recreation
_____ Other (please describe)

IV. Projects work best when everyone benefits (Win-Win). It is helpful to think in terms of benefits for all players. Please indicate how your center will result in:

Benefits to the PHA (i.e lower maintenance costs, less vandalism, lower vacancy rate)

Benefits to the Residents (i.e. employability, access to information & services, fellowship, sense of community)

Benefits to the Local Community and Employers (i.e safer neighborhoods, positive environment, skilled employees, large market share access/potential customers)

PHA DATA AND DEMOGRAPHICS
Total Number of Conventional Family Public Housing Units
Total Number of Residents:_____
Resident Overview:
Number of Adults 21 - 61 years old: _____
Number of Adults 62 and older: _____
Number of Children 0 - 6 years old: _____
Number of Children 7 - 13 years old: _____
Number of Children 14 - 17 years old: _____
Number of Young Adults 18 - 20 years old: _____

Please provide the following information on the residents. The % refers to the % of the total number of residents, unless otherwise specified.

ESL (English as Second Language) Needs? _____ Yes_____No
Single Parent Household % _____ Female _____ Male
Disabled Residents % _____Physical _____Learning _____Other
Public Assistance Recipients %_____

OBJECTIVES: (Please check and insert appropriate number to all objectives that apply. THIS LIST IS NEITHER TOTALLY MANDATORY NOR TOTALLY INCLUSIVE)

_____ Providing _____ residents with access to technology and the Internet per year.

_____ Providing an opportunity for _____ residents to be involved in the Planning, Implementation, and Daily Maintenance of the Center on a yearly basis.

_____ Reducing Welfare Dependency by enabling at least 51% of the adult residents on welfare to participate in the program to get off welfare into decently paying jobs within _____ years, by _____ (date). This is in conjunction with other/similar Welfare to Work Programs.

_____ Expanding Community Based Job Training to at least _____ of the adult residents who participate in the program each year.

_____ Provide opportunities to telecommute for _____ residents each year.

_____ Teaching Basic Skills and Increasing Adult Education Level, including Literacy, ESL, GED courses, by making educational programs available to _____ adult residents who participate in the program each year.

_____ Improving Academic Achievement of School Aged Children by attempting to raise and maintain the educational level on standardized test of _____ children who participate in the program, to the appropriate grade level each year.

_____ Building Partnerships in the Local Community by creating useful ongoing linkages with at least _____ other community groups each year.

_____ Improving Health Care Accessibility and Partnerships by creating useful ongoing linkages with at least _____ other health care providers a year and by making the programs of local health care providers available to _____ residents who participate in the center each year.

_____ Improving Social Service Accessibility and Partnerships by creating useful ongoing linkages with at least _____ other social service providers a year and by making the programs of local social service providers available to _____ residents who participate in the center each year.

_____ Creating a self-sustaining computer learning center by the _____ year of operation.

_____ Other Objectives: (Please specify below):

TIMELINE FOR PROPOSED CENTER: Please indicate proposed beginning and end dates for the following items that apply to your center. Further details are requested below the timeline.

	START DATE	COMPLETION DATE
Retrofitting or Construction of Facility		
Equipment (Hardware, software, etc.) Procurement and Testing		
Staffing of Center (trained and on board)		
Grand Opening of Center		
Third Party/Voluntary Organizations Participation and Funding for initial set-up and ongoing programs/costs.		
Training Program and Classes Beginning		
Other Milestones: (Please list in this box) * * * * * * *		

Retrofitting or Construction of Facility (Including Space Accessibility/Security/Monitoring)
(Please include what will be done and a sketch of the facility. Note here is any retrofitting services or costs will be donated and by whom.)

Equipment (hardware, software, etc.) Procurement/Testing
(Please indicate how many computers, what type of computers and software will be included based on resident surveys, and other equipment that will be used in the center such as printers, etc.)

Computers: Distance learning equipment:

Printers: Scanners & Other Equipment:

DETAIL ON TIMELINE ACTIVITIES (continued)

Staffing of Center/Training Program and Classes Offered (Weekly Schedule for the Center)
(Please indicate how the computer learning center will be staffed, include hours per week.)

Staffing:

Project Coordinator:

Resident Paid Staff:

Other Paid Staff:

Resident or Other Volunteers:

Outside Agencies Providing Instructions:

Weekly Schedule for the Center (including days/hours open, classes, and open lab/free time on the computers.

Classes/Training Programs to be Offered:

Partnerships: Third Party/Voluntary Organization Funding and Participation
(Please list those partners involved in the initial set-up and what they brought to the center. Also indicate targeted partners or other partners that will be assisting in the daily operation of the center.)

INITIAL SET-UP AND FIRST YEAR OF OPERATIONS
FINANCIAL PLAN/WBUDGET: SORUCES AND USES OF FUNDS

Time period: From _____ to _____

SOURCES → _____ USES	Private Donations	Grants (Please note grant sources below)	PHA funds	In-kind Donations/ Services	HUD ROSS Funds	Other (Please Identify)	TOTALS
Computer Hardware (Please List): **Other Equipment**	$	$	$	$	$	$	$
Computer Software (All programs will be site-licensed and run through the server.)	$	$	$	$	$	$	$
Staffing	$	$	$	$	$	$	$
Maintenance, Insurance, Miscellaneous	$	$	$	$	$	$	$
Retrofitting/ Security	$	$	$	$	$	$	$
Other	$	$	$	$	$	$	$
TOTALS	$	$	$	$	$	$	**GRAND TOTAL FOR INITIAL SET-UP** $

Grant Sources and Donations Listed Below (if any)

Time period: From _____ to _____

SOURCES → _____ USES	Private Donations	Grants (Please note grant sources below)	PHA funds	In-kind Donations/ Services	HUD ROSS Funds	Other (Please Identify)	TOTALS
Computer Hardware (Please List): **Other Equipment**	$	$	$	$	$	$	$
Computer Software (All programs will be site-licensed and run through the server.)	$	$	$	$	$	$	$
Staffing	$	$	$	$	$	$	$
Maintenance, Insurance, Miscellaneous	$	$	$	$	$	$	$
Retrofitting/ Security	$	$	$	$	$	$	$
Other	$	$	$	$	$	$	$
TOTALS	$	$	$	$	$	$	**GRAND TOTAL FOR SECOND YEAR OF OPERATION** $

Grant Sources and Donations Listed Below (if any)

YEAR 3 OF OPERATIONS
YEAR 3 OF OPERATIONS
FINANCIAL PLAN/WBUDGET: SORUCES AND USES OF FUNDS

Time period: From _____ to _____

SOURCES → _____ USES	Private Donations	Grants (Please note grant sources below)	PHA funds	In-kind Donations/ Services	HUD ROSS Funds	Other (Please Identify)	TOTALS
Computer Hardware (Please List): **Other Equipment**	$	$	$	$	$	$	$
Computer Software (All programs will be site-licensed and run through the server.)	$	$	$	$	$	$	$
Staffing	$	$	$	$	$	$	$
Maintenance, Insurance, Miscellaneous	$	$	$	$	$	$	$
Retrofitting/ Security	$	$	$	$	$	$	$
Other	$	$	$	$	$	$	$
TOTALS	$	$	$	$	$	$	**GRAND TOTAL FOR THIRD YEAR OF OPERATION** $

Grant Sources and Donations Listed Below (if any)