OMB Control No: 0970-0307

Expiration Date: XX/XX/XXX

Strategic Plan Template

**State Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Strategic Plan Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Timeframe Covered by Strategic Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Overall Goal/Mission of CIP:** *Aim, purpose, direction, or priority to be achieved by the CIP over the span of the grant.*

**Priority Area #1:** Choose an item.

*Copy and paste the portion below the blue line for your activities/projects.*

**Project title:** *a title**for the project that need not be formal. This helps with clarity for partners to connect project descriptions in the Self-Assessment to the Strategic Plan.*

**Outcome #1**: *The change the CIP seeks in law, process, or for those served by the program in terms of procedure, knowledge, skills, attitudes, behaviors, capacity, or conditions*

**Need Driving Activities & Data Source: *How do you know this is a need in your state?*** *Description of the need of the court or service population leading to the proposed outcome and activities; in addition, please provide the source describing this need.*

**Theory of Change:** *Provide a summary (overview) of how the activities/projects below will lead to the anticipated outcome above.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity or Project Component Description***Specific actions or component of the project that will be completed to produce specific outputs and demonstrate progress toward the outcome.* | **Collaborative Partners***Responsible parties and partners involved in implementation of the activity*. | **Anticipated Outputs of Activity***What the CIP intends to produce, provide or accomplish through the activity.*  | **Goals of Activity (short and/or Long-term)***Where relevant and practical, provide specific, projected change in data the CIP intends to achieve. Goals should be measurable.****Progress toward Outcome*** | **Timeframe***Proposed completion date or, if appropriate, “ongoing”.* | **Resources Needed***Where relevant identify the resources needed to complete the activity.* | **Plans for Evaluating Activity***Where relevant, how will you measure or monitor change?* |
| Briefly describe the overall activity or project that should help lead to the outcome identified above. |
| *Action Step 1 – Briefly identify the activities/action steps needed* |  |  |  |  |  |  |
| *Action Step 2 -*  |  |  |  |  |  | [tab to add rows] |

**Child and Family Services Review / Program Improvement Plan (CFSR/PIP) - Overall Infrastructure & Supports**

*For states that will be participating in round 4 of the CFSR and PIP in your state this reporting year, please briefly describe overall infrastructure or similar supports for the CFSR/PIP process that may have been needed based on your Self-Assessment. As described in the PI, this may include engaging a broad representation of legal and judicial stakeholders, working with other leadership, collaborating with other partners, use of data in the process, staging, and feedback loops. For CFSR/PIP related efforts that are farther along and have focused data or outcomes identified, those can be completed on the usual project template above. Copy and paste the portion below the blue line if there are additional CFSR/PIP overall infrastructure and support items.*

**CFSR/PIP Outcome #1**: *The change the CIP seeks to support for the CFSR/PIP process*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity Description***Specific actions that will be completed to produce specific outputs and demonstrate progress toward the outcome.* | **Collaborative Partners***Responsible parties and partners involved in implementation of the activity*. | **Anticipated Outputs of Activity***What the CIP intends to produce, provide or accomplish through the activity.*  | **Goals of Activity (short and/or Long-term)***Where relevant and practical, provide specific, projected measurable change the CIP intends to achieve.****Progress toward Outcome*** | **Timeframe***Proposed completion date or, if appropriate, “ongoing”.* | **Resources Needed***Where relevant identify the resources needed to complete the activity.* | **Plans for Evaluating Activity***Where relevant, how will you measure or monitor change?* |
| Briefly describe the overall activity that should help lead to the outcome identified above. |
| *Action Step 1 – Briefly identify the activities/action steps needed to implement activity 1* |  |  |  |  |  |  |
| *Action Step 2 -*  |  |  |  |  |  | [tab to add rows] |