

Action Plan

**FY 2021 HEALTH AMBASSADOR PROJECT
Anne Arundel County Department of Health
Office of Assessment and Planning**

Instructions: Email the completed action plan with the grant application to:
HealthAmbassadorProject@aacounty.org

Complete the following information:

Organization Name: _____

Mailing Address: _____

Contact Person/Grant Monitor: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Name & Title of Person Signing Grant Agreement: _____

The purpose of this grant is for _____ to engage with disproportionately impacted communities to increase vaccination rates

WORK PLAN:

Answer the following work plan questions for community engagement. Use your answers to help guide your action plan activities, strategies and timeline. Be specific.

1. Where are you currently implementing community program(s)? (Example: Location name & area of the county.)

2. How often do you conduct community program(s)? (tentative dates or timeline)

Performance Measures for Community Engagement

Provide an estimate for each performance measure listed that your organization will be able to accomplish from May 1, 2021 to July 30, 2021 (twelve weeks)

Performance Measure/Evaluation	Estimate
Total number of households visited	
Total number of adults educated	
Number of PPE/masks provided	
Number of people served in zipcodes most impacted by COVID (Laurel - 20724, Annapolis - 21403, Annapolis - 21401, Lothian - 20711, Glen Burnie - 21061, Hanover - 21076)	
Number of African American or Black community members served	
Number of Hispanic/Latino community members served	

Evaluation through Monitoring, Tracking and Reporting

1. DOH staff will provide on-going technical assistance during the implementation of the program.
2. DOH staff will regularly monitor the implementation and fidelity of the program.
3. Monthly reports and budgets will be reviewed and monitored.
4. Entry and Exit Survey will be used to measure the level of effectiveness of the program.

Expenditure Request for Community Engagement

Provide an estimated budget breakdown for each proposed line item.

Staffing: \$ _____

Travel: \$ _____

Technology: \$ _____

Educational Supplies and Other Supplies: \$ _____

Other Expenses: \$ _____

Indirect Costs: \$ _____