Community & Internal Assessment Plan

***Directions:*** Submit your agency’s *Community & Internal Assessment Plan* to your assigned Program Representative no later than August 29th, 2025. It is acceptable to use a different format than the template below so long as the same information is included. EOHLC will review each plan and provide feedback where appropriate within a few weeks.

|  |  |  |
| --- | --- | --- |
| **Planning Committee Members** | | |
| **Member Name/Position** | **Representing**  *e.g. – Board, staff, volunteer, partner agency, outside consultant, etc.* | **Assessment Activities Involved In** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*(add more rows if needed)*

|  |  |  |
| --- | --- | --- |
| **Schedule of Activities** | | |
| **Activity**  *e.g. – review mission, gather quantitative data, administer surveys, conduct stakeholder interviews/focus groups, analyze results, determine strategic goals, write report, etc.* | **Lead/Point of Contact Name** | **Timeline** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*(add more rows if needed)*

|  |  |
| --- | --- |
| **Partner Organizations/Stakeholder Engagement** | |
| **Partner/Stakeholder Type\*** | **How will they be engaged?**  *e.g. – survey, interview, focus group, etc.* |
| Community-Based Organizations *(including other CAAs)* |  |
| Faith-Based Organizations |  |
| Private Sector |  |
| Public Sector |  |
| Educational Institutions |  |
| Other Community Action Agencies |  |
| Agency customers |  |
| Low-income community members *(including non-customers)* |  |
| Agency Staff |  |
| Volunteers |  |
| Board Members |  |
| Other *(Please Specify):* |  |

*(add more rows if needed)*

*\*Be sure to document the type of partner/stakeholder engaged when conducting your assessment since you may need to reference how information from each type was utilized when writing your report.*