# Attachment A: Work Plan

## Grantee Name:

**Grant Title**:

Please review the detailed instructions for completing this form at: <http://mn.gov/deed/job-seekers/disabilities/partners/grantees/index.jsp>.

The work plan must describe the goals and objectives of your project, the strategies you will use to meet those goals, and the expected measurable outcomes. A minimum of one goal with supporting strategies is expected. Additional goals may be added as needed.

## Project Goal 1:

| **Objective** | **Strategies** | **Expected Outcomes** | **Person(s) Responsible** | **Timeframe** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

## Project Goal 2:

| **Objective** | **Strategies** | **Expected Outcomes** | **Person(s) Responsible** | **Timeframe** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

## Project Goal 3

| **Objective** | **Strategies** | **Expected Outcomes** | **Person(s) Responsible** | **Timeframe** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Enter any additional narrative here.