

# Form A - ACA Project Plan

<b>Complete Forms A/B/C.</b>			
County ACAC: _____	County ACAC Contact Person_____/Phone Number_____/Email: _____	Date of Application: _____	Project Title: _____
<b>Project Description:</b> _____			
<b>Benefits: (What are the benefits to the state, county, individuals, or stakeholders?)</b>	_____		
<b>Objectives: (What are the specific objectives for the project?)</b>	_____		
<b>Deliverables: (What will you be delivering at the of the project?)</b>	_____		
<b>Success Criteria: (How will you measure the success of the project?)</b>	_____		
<b>Resources Required: (What resources are needed?)</b>	_____		
<b>Potential Partners: (What entities would join in achieving this project? What could these partners contribute to its success? What is the plan for outreach/recruitment?)</b>	_____		
<b>Potential Concerns: What stakeholders may have concerns with this project? What do you anticipate those concerns to be?</b>	_____		
<b>Project Group Members:</b>	(List Members and Affiliations) _____	<b>Outside Partner Representatives:</b>	(List Partners and Affiliations) _____