# Appendix 6: Partnership Work Plan

**Name:**

**ABE Program:**

**Name:**

**Partner Organization Name:**

### Directions

Insert the names of the individuals completing this Work Plan and the names of their respective programs above.

Provide the following information on the Work Plan on page 2:

1. Name of ABE Program, and
2. Names of new partner or existing partner organizations whose relationship can be strengthened.

For each partner organization, list or describe:

1. ABE program’s and partner organization’s goals for developing new partnerships (under I. Develop New Partnerships) or strengthening existing partnerships (under II. Strengthen Existing Partnerships);
2. The activities the ABE program and partner organization will undertake to achieve the partnership’s goals. List as many activities as are feasible on the Work Plan; add additional activities as the partnerships progress;
3. The timeline for each activity in terms of month and day activity will begin and month and day activity is expected to be completed. List the entity(ies) responsible for undertaking the activity; and
4. The outcomes that the ABE program and partner organization expect from the partnership activities.

Add additional rows to the Work Plan as needed

.

## Develop New Partnerships - Example

| **A. Name of ABE Program** | **B. Name of Partner Organization** | **(1) Partners’ Goals for Partnership: Partners meet and discuss common needs and goals for working together to address common needs.** | **(2) Activities to be Conducted to Address Goals: Month/Yr.-Month/Yr. List as many activities as are feasible; add additional activities as the partnership progress.**  | **(3) Timeline for Activities: Beginning Month to Ending Month/Entity Responsible**  | **(4) Expected Outcomes from Activities**  |
| --- | --- | --- | --- | --- | --- |
| Example: XXX  | Example: YYY | 1. Establish a working relationship between ABE and One-Stop staff to increase the organizations’ understanding of each other and create an environment in which ABE and the One Stop can conduct joint planning under WIOA;
2. Develop processes for cross-referral of clients between ABE and the One Stop to increase the number of clients served by each organization.
 | * Share client and service information about ABE program and One-Stop with staff at each organization.
* Plan meeting with both organizations’ staff to discuss clients served, activities and services offered, and ways in which ABE and One-Stop staff can work together in a mutually beneficial way to achieve goals for partnership;
* Identify possible next steps in addition to having joint ABE and One-Stop staff meeting
* Prepare meeting notes to document key points from discussion and any decisions.
* Begin work on next steps identified in the meeting.
 | * During Feb. meeting.
* By Feb. 20/ABE program
* During March/both partners
 | * ABE and One-Stop staff understand each organization’s clients and range of services each organization provides.
* ABE and One-Stop staff agree to cross-refer appropriate clients and develop processes for cross-referral.
* ABE program participates in WIOA planning process with One-Stop Center and resulting plan supports ABE program’s and One-Stop Center’s goals and activities.
 |

## Develop New Partnerships

| **A. Name of ABE Program** | **B. Name of Partner Organization** | **(1) Partners’ Goals for Partnership: Partners meet and discuss common needs and goals for working together to address common needs.** | **(2) Activities to be Conducted to Address Goals: Month/Yr.-Month/Yr. List as many activities as are feasible; add additional activities as the partnership progress.**  | **(3) Timeline for Activities: Beginning Month to Ending Month/Entity Responsible**  | **(4) Expected Outcomes from Activities**  |
| --- | --- | --- | --- | --- | --- |
|  | **Partner #1** |  |  |  |  |
|  | **Partner #2** |  |  |  |  |

## Strengthen Existing Partnerships

| **A. Name of ABE Program** | **B. Name of Partner Organization** | **(1) Partners’ Goals for Partnership: Partners meet and discuss common needs and goals for working together to address common needs.** | **(2) Activities to be Conducted to Address Goals: Month/Yr.-Month/Yr. List as many activities as are feasible; add additional activities as the partnership progress.**  | **(3) Timeline for Activities: Beginning Month to Ending Month/Entity Responsible**  | **(4) Expected Outcomes from Activities**  |
| --- | --- | --- | --- | --- | --- |
|  | **Partner #1** |  |  |  |  |
|  | **Partner #2** |  |  |  |  |