Community Action Plan (CAP)

**For Racialized Communities**

|  |  |
| --- | --- |
|  | **Program Related Information****(To be filled by ActionDignity)** |
| Program |  |
| Funder/s’ Name |  |
| Project Activity Line |  |
| Name of ActionDignity Staff Assisting the CAP |  |
| Designation with ActionDignity |  |
| **Partner-Organization’s Related Information****(To be filled by Racialized / Ethnocultural Community Organizations (RECCOs))** |
| RECCO’s Name |  |
| RECCO’s Address |  |
| Is the RECCO a: (check one that applies) | [ ] Volunteer Group[ ] Non-profit[ ] Charitable organization[ ] Others: Please specify: |
| #1 Contact Name |  |
| Position |  |
| Phone |  |
| e-mail address |  |
| #2 Contact Name |  |
| Position |  |
| Phone |  |
| e-mail address |  |
| Are you a member organization of ActionDignity? | [ ] Yes[ ] No: If **No**, are you interested to be a member?[ ] Yes[ ] No (Please know that only members can apply) |
|  | **Project Related Information** |
| Project Title |  |
| Project Implementation Date |  |
| Which racialized /ethnocultural groups or neighborhoods your CAP has an impact on?  |  |
| Date of Reports Submission (Narrative and Financial)  |  |

**Community Action Plan (CAP) for Racialized Communities**

**1. What is the primary community issue or need that your CAP is addressing.**

**2. ActionDignity works to promote anti-racism and pro-equity policy work, which of the following do your CAP aligns with closely? (Check all that applies)**

|  |  |
| --- | --- |
| **Check all that applies** | **Thematic Areas** |
|  | **Target Groups (must be racialized communities)** |
|  | Youth |
|  | Women |
|  | Person With Disability |
|  | Family |
|  | Others: Specify:  |
|  | **Issues**: |
|  | Mental Health  |
|  | Gender Equity |
|  | Workers’ Rights |
|  | Youth-Based Programming |
|  | Social Inclusion: Equitable Access to the Market & Services; Economic Equity, etc. |
|  | Public Safety |
|  | Others: Specify:  |
|  | **Activities** |
|  | Community Conversation Circle |
|  | Natural and Peer Support Group |
|  | Community Events |
|  | Capacity Building I.e., Training, Workshops |
|  | Community-Based Research / Surveys / Dissemination of Research |
|  | Community Engagement in Policy Advocacy Work |
|  | Systems Mapping / Systems Change Work |
|  | Others: Specify |

**3. Why do you want to work with this/these group? And how does the identified social problem/s impact them?**

**4. Briefly describe your Community Action Plan Objectives**

 (1 or 2 bullets)

**5. Please let us know how your CAP will make a difference to the identified need /issue**

**6. Please list down and describe briefly what the key deliverables are:**

|  |  |  |
| --- | --- | --- |
| **Mark 🗸 that applies** | **Possible Indicators** | **Expected Outputs** |
|  | Number of events organized |  |
|  | Number of participants |  |
|  | Number of volunteers |  |
|  | Number of volunteer hours |  |
|  |  |  |
|  | Number of natural or peer support  |  |
|  | Number of natural or peer support members |  |
|  | Number of Referrals / navigations done |  |
|  |  |  |
|  | Number of training / workshops organized |  |
|  | Number of participants attended |  |
|  |  |  |
|  | Number of FGDs / consultations |  |
|  | Number of FGD / consultation participants attended |  |
|  |  |  |
|  | Number of collaboration / joint activities |  |
|  | How many organizations involved in collaboration |  |
|  |  |  |
|  | Products / tools / frameworks developed |  |
|  | Photos | . |
|  | Others |  |

**7. What are your anticipated roles/tasks in this CAP (Check all that apply)**

|  |  |
| --- | --- |
| **Mark 🗸** | **Roles** |
|  | * Develop the poster/flyer invitation
 |
|  | * Invite and recruit participants
 |
|  | * Invite speakers, facilitators
 |
|  | * Ensure safety of participants
 |
|  | * Secure venue
 |
|  | * Facilitate / co-facilitate the event/s, forum, trainings, workshops
 |
|  | * Supervise the CAP/event
 |
|  | * Write and submit the narrative report
 |
|  | * Submit financial report and its corresponding receipts
 |
|  | Others: Specify: Rent a community hall for event,  Rent Audio System |

**8. How much does your CAP cost?**

|  |  |
| --- | --- |
| **Budget Details** | **Cost in $** |
| Venue Rental |  |
| Honorarium (choose that applies to your CAP) |  |
| * Resource speakers/facilitators (number of speakers x $200 honorarium) \*
* FGD participants (number of FGD participants x $25 each)
 |  |
| Food (Number of participants x cost of food) |  |
| Transportation (number of participants x cost of transportation) |  |
| Office supplies and printing |  |
| Childcare (numbers of carers x number of hours x cost) |  |
| Miscellaneous / program support |  |
| Others (Specify)  |  |
|  Audio System |  |
| **Total**  |  |

\*This is ActionDignity’s suggested Honorarium

**NOTE:**

* **If appropriate, please use the Community Action Plan Template (Annex 1) or the Program Flow template (Annex 2).**
* **You must submit the Report Template (Annex 3) which is due 15 days after the CAP ends. This is a condition for getting Project expenses reimbursed.**

**Annex 1: Community Action Plan Template**

The social problem you are aiming to address:

Project title:

Start Date:

End Date:

Report date submission:

Project Objectives:

| **Activities[[1]](#footnote-2) and sub activities[[2]](#footnote-3)** | **Outputs[[3]](#footnote-4)** | **Persons Responsible** | **Timeline** | **Remarks** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Annex 2: Program Flow Template**

|  |  |  |
| --- | --- | --- |
| **Activities** | **Resource Person** | **Remarks** |
| Registration |  |  |
| Land Acknowledgment |  |  |
| Introduction |  |  |
| Orientation re Meeting Objectives |  |  |
| Mention below other activities like speaker, panel discussion, small group discussions,  |  |  |
|  |  |  |

Annex 3: Report Template

(This report is due 15 days after the CAP ends. This is a condition for getting project expenses reimbursed.)

**1. Project Details**

Project Title:

Organization’s Name:

Contact Person’s Name:

Contact Number:

Contact email:

Date CAP Started:

Date Cap Ended:

**2. Project Outputs**

|  |  |  |
| --- | --- | --- |
| **Possible Indicators** | **Expected Outputs** | **Actual Outputs** |
| Number of events organized |  |  |
| Number of participants |  |  |
| Number of volunteers |  |  |
| Number of volunteer hours |  |  |
|  |  |  |
| Number of natural or peer support  |  |  |
| Number of natural or peer support members |  |  |
| Number of Referrals / navigations done |  |  |
|  |  |  |
| Number of training / workshops organized |  |  |
| Number of participants attended |  |  |
|  |  |  |
| Number of FGDs / consultations |  |  |
| Number of FGD / consultation participants attended |  |  |
|  |  |  |
| Number of collaboration / joint activities |  |  |
| How many organizations involved in collaboration |  |  |
|  |  |  |
| Products / tools / frameworks developed |  |  |
| Photos |  |  |
| Others |  |  |
| Others |  |  |
|  |  |  |

**3. Success story (**Briefly, share a success story of your CAP)

**4. Lessons Learnt** (Briefly, share your lessons learnt while implementing CAP)

**5. Recommendations** (Do you have any recommendations to ActionDignity?)

**6. Photos** (By submitting your photos you are consenting for ActionDignity to use in our reports and social media etc.)

1. Activities are actions/interventions undertaken by the project to achieve the set objectives (i.e., meeting, develop curriculum/toolkit/documents, form partnerships, conduct community research, hold knowledge mobilization sessions, training, etc. [↑](#footnote-ref-2)
2. Sub-activities are smaller actions/interventions that are crucial steps to undertake the Activities. [↑](#footnote-ref-3)
3. Outputs are numerical counts of a project’s actions or products that were created or delivered i.e.,, the number of people served or attended training, products developed [↑](#footnote-ref-4)