AGENCY NAME:

CONTRACT #:

CONTACT PERSON:

EMAIL:

Instructions

The purpose of this form is to help us understand your plans for offering your Fatherhood Support Program for the coming year. In your future quarterly reports and check ins, you will share about how you are doing implementing these plans including to report on any changes to the plans.

Please respond to the questions about your planned Program in Section I and fill in the table with your Startup Activities in Section II.

Please contact Marilyn Gisser, Primary and Community Prevention Specialist, [Marilyn.Gisser@dcyf.wa.gov](mailto:Marilyn.Gisser@dcyf.wa.gov), 360-701-2529, or Wendy Thomas, Tribal Early Learning Liaison, [Wendy.Thomas@dcyf.wa.gov](mailto:Wendy.Thomas@dcyf.wa.gov), 509-688-7942, with any questions.

**Please email this completed Project Plan Form to Marilyn Gisser,** [Marilyn.Gisser@dcyf.wa.gov](mailto:Marilyn.Gisser@dcyf.wa.gov) **by October 31, 2025.**

1. **Planned Program**

**Planned Curriculum**

What program or curriculum are you planning to provide?

Is this a change from last year, and if so, why are you making this change?

**Planned Program Timing**

When do you plan to offer the program? Please list approximate date span for all offerings through September 2025. (e.g. January – March 2025, April – June 2025) We understand your plans may change.

**Participants**

Who are the intended program participants? (e.g. fathers and father figures enrolled in our tribe, AI/AN fathers and father figures residing in [specific locations], etc.)

Expected number of participants

Number of participants per cohort:

Number of participants October 2024- September 2025:

If there anything else you would like to share about your program plans, please share it here. This could include any other services you plan to provide to participants, or anything else you think it is important for us to know.