**State Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Demographic survey from Survey Monkey (insert your information)

![C:\Users\Juliana\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\18CRGSBE\MC900388914[1].wmf]()**Mission statement**

|  |
| --- |
| Our mission statement is … |

**Our History**

We started in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year).

We have state board with \_\_\_\_\_\_ members.

We have \_\_\_\_\_\_\_ self advocacy chapters in our state.

**(SCOTT Analysis)**

![C:\Users\Juliana\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\18CRGSBE\MC900368302[1].wmf]() **Strengths:** Make a list of the things you are most proud of:

|  |
| --- |
|  |

![C:\Users\Juliana\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\116F6F1A\MC900383288[1].wmf]() **Challenges:** Make a list of your challenges and barriers:

|  |
| --- |
|  |

![C:\Users\Juliana\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\116F6F1A\MC900436992[1].wmf]() **Opportunities:** Make a list of your resources: people, partnerships and money.

|  |
| --- |
|  |

![C:\Users\Juliana\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\GM0C4SHQ\MP900341715[1].jpg]() **Threats and Trends:** List the problems that you do not have control of and that keeps your group from accomplishing your goals:

|  |
| --- |
|  |

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**State Technical Assistance Project Work Plan**

**Goal: Develop and Implement a State Technical Assistance Needs and Plan to strengthen the organization**

Measurable Outcome(s): Participating State Self Advocacy Organizations develop, implement and monitor an individualized plan for strengthening their organizations and local groups capacity to run their organizations through partnerships with SABE, DD Network, and community organizations.

**State Name; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Objective** | **Action Steps** | **1\*****October-December** | **2\*****January-March** | **3\*****April-June** | **4\*****July-September** |
| --- | --- | --- | --- | --- | --- |
| **To Develop or Enhance partnerships with DD Partners in your state** | 1. **Host a retreat to identify ways and timeframes on activities that you can work together on**
 |  |  |  |  |
| **Increase connections to the grassroots to promote self advocacy efforts** | 1. **Host 2 per quarter (8 for year) Grassroots Events with a partner to promote one or more of the issues identified in the needs assessment: Employment First/voting rights/human rights/self advocacy membership recruitment of Individuals with Disabilities, Olmstead, Marriage Penalty, Community Living, Transportation, Affordable Housing, relationships**
 |  |  |  |  |
| **Enhance the state leaderships skills in providing peer to peer technical assistance in their state and the region** | 1. **Participate in Quarterly Advisory Committee meetings for OCSS**
2. **Attend Face to Face Meetings of the Webinar**
3. **Present on at least one OCSS Webinar**
4. **Submit at least 2 blogs or Vlogs on issues of concern**
5. **Participate in OCSS Webinar**
 |  |  |  |  |
| **Establishment of state structure to maintain connections with grassroots** | 1. **Develop a strategic plan and funding (financial plan) for a state structure that supports grassroots issues**
2. **Secure at least one grant per year with the support of your partners**
3. **Complete 501(C)3 application**
 |  |  |  |  |