

1999-2000 Plan of Work Programs (*Powprogs*) TEMPLATE

(Complete one page for each programming effort. Make copies as needed.)

FIRST NAME: _____

INITIAL: _____

LAST NAME: _____

OSU ID #: _____

COUNTY: _____

DISTRICT: _____

DEPARTMENT: _____

REPORT YEAR: 2000

TITLE: _____

APPOINTMENT: _____

PRIMARY EMPHASIS: _____ (ANR, FCS, 4-H, or CD) DAYS PLANNED: _____

SECONDARY EMPHASIS: _____

PRIMARY FOCUS: _____

SECONDARY FOCUS: _____

PRIMARY ISSUE: _____

SECONDARY ISSUE: _____

KEYWORD: _____

PROGRAM OBJECTIVES _____

NARRATIVE: _____

(Up to 4 lines or 255 characters.) _____

MORE NARRATIVE: _____

(OBJECTIVES) _____

(Up to 4 lines or 255 characters.) _____

EVALUATION (TYPE): _____

(Up to 4 lines or 255 characters.) _____

The following fields are _____

Planned targets: _____

No. OF PLANNED PROGRAM PARTICIPANTS: _____

No. OF PLANNED VOLUNTEERS: _____

No. WHO PLAN TO ADOPT 1 OR MORE PRACTICES: _____

No. WHO ACTUALLY ADOPT 1 OR MORE PRACTICES: _____

COLLABORATION ? (NARRATIVE) _____

BASE PROGRAMS (Select one)

- Agriculture
- Community Resources & Economic Development
- Family Development & Resource Management
- 4-H Youth Development
- Leadership and Volunteer Development
- Natural Resources and Environment Management
- Nutrition, Diet, and Health
- N/A (Not Applicable)

NATIONAL INITIATIVES (Select one)

- Children, Youth & Families At-Risk
- Food Safety & Quality
- Healthy People...Healthy Communities
- Managing Change in Agriculture
- Workforce Preparation
- N/A (Not Applicable)

SPECIAL PROGRAMS (Select one)

- EFNEP
- Pesticide Impact Assessment
- Food Safety & Quality
- Renewable Resource Ext. Act
- Integrated Pest Management
- Sustainable Agriculture
- Pesticide Applicator Training
- Water Quality
- N/A (Not Applicable)

1998-99 Report of Results Programs (*Rorprogs*) TEMPLATE

(Complete one page for each programming effort. Make copies as needed.)

FIRST NAME: _____

INITIAL: _____

LAST NAME: _____

OSU ID #: _____

COUNTY: _____

DISTRICT: _____

DEPARTMENT: _____

REPORT YEAR: 1999

TITLE: _____

APPOINTMENT: _____

PRIMARY EMPHASIS: _____ (ANR, FCS, 4-H, or CD) DAYS SPENT: _____

SECONDARY EMPHASIS: _____

PRIMARY FOCUS: _____

SECONDARY FOCUS: _____

PRIMARY ISSUE: _____

SECONDARY ISSUE: _____

KEYWORD: _____

IMPACT STATEMENT

NARRATIVE : _____
 (Up to 4 lines or 255 characters.)

MORE NARRATIVE (IMPACT): _____
 (Up to 4 lines or 255 characters.)

MORE NARRATIVE (IMPACT): _____
 (Up to 4 lines or 255 characters.)

EVALUATION TYPE: _____

No. OF PARTICIPANTS COMPLETING PROGRAM: _____

No. OF VOLUNTEERS: _____

No. WHO PLAN TO ADOPT 1 OR MORE PRACTICES: _____

No. WHO ACTUALLY ADOPT 1 OR MORE PRACTICES: _____

COLLABORATION? (NARRATIVE): _____

BASE PROGRAMS (Select one)

Agriculture

Community Resources & Economic Development

Family Development & Resource Management

4-H Youth Development

Leadership and Volunteer Development

Natural Resources and Environment Management

Nutrition, Diet, and Health

N/A (Not Applicable)

NATIONAL INITIATIVES (Select one)

Children, Youth & Families At-Risk

Food Safety & Quality

Healthy People...Healthy Communities

Managing Change in Agriculture

Workforce Preparation

N/A (Not Applicable)

SPECIAL PROGRAMS (Select one)

<input type="checkbox"/> EFNEP	<input type="checkbox"/> Pesticide Impact Assessment
<input type="checkbox"/> Food Safety & Quality	<input type="checkbox"/> Renewable Resource Ext. Act
<input type="checkbox"/> Integrated Pest Management	<input type="checkbox"/> Sustainable Agriculture
<input type="checkbox"/> Pesticide Applicator Training	<input type="checkbox"/> Water Quality
<input type="checkbox"/> N/A (Not Applicable)	

1999-2000 Annual Plan of Work Statistical Report (*Powstats*—Direct Contacts) TEMPLATE

(Only one Annual Plan of Work Statistical Report for each POW/ROR reporter.)

Name (first, middle intial, last): _____ OSU ID: _____

County: _____ District: _____ Dep't: _____

Year: 2000 Appt: _____ Title: _____

	A. Indian	Asian	Black	Hispanic	White	Other	Female	Male	Total
ANR	_____	_____	_____	_____	_____	_____	_____	_____	_____

ANR Volunteers _____ ANR Vol. Hours _____

	A. Indian	Asian	Black	Hispanic	White	Other	Female	Male	Total
FCS	_____	_____	_____	_____	_____	_____	_____	_____	_____

FCS Volunteers _____ FCS Vol. Hours _____

	A. Indian	Asian	Black	Hispanic	White	Other	Female	Male	Total
4-H	_____	_____	_____	_____	_____	_____	_____	_____	_____

4-H Volunteers _____ 4-H Vol. Hours _____

	A. Indian	Asian	Black	Hispanic	White	Other	Female	Male	Total
CD	_____	_____	_____	_____	_____	_____	_____	_____	_____

CD Volunteers _____ CD Vol. Hours _____

	A. Ind.	Asian	Black	Hispan	White	Other	Female	Male	Total
Total	_____	_____	_____	_____	_____	_____	_____	_____	_____

Total Volunteers _____ Total Vol. Hours _____

1998-99 Annual Report of Results Statistical Report (*Rorstats*—Direct Contacts) TEMPLATE

(Only one Annual Report of Results Statistical Report for each POW/ROR reporter.)

Name (first, middle initial, last): _____ OSU ID: _____

County: _____ District: _____ Dep't: _____

Year: 1999 Appt: _____ Title: _____

	A. Indian	Asian	Black	Hispanic	White	Other	Female	Male	Total
ANR	_____	_____	_____	_____	_____	_____	_____	_____	_____

ANR Volunteers _____ ANR Vol. Hours _____

	A. Indian	Asian	Black	Hispanic	White	Other	Female	Male	Total
FCS	_____	_____	_____	_____	_____	_____	_____	_____	_____

FCS Volunteers _____ FCS Vol. Hours _____

	A. Indian	Asian	Black	Hispanic	White	Other	Female	Male	Total
4-H	_____	_____	_____	_____	_____	_____	_____	_____	_____

4-H Volunteers _____ 4-H Vol. Hours _____

	A. Indian	Asian	Black	Hispanic	White	Other	Female	Male	Total
CD	_____	_____	_____	_____	_____	_____	_____	_____	_____

CD Volunteers _____ CD Vol. Hours _____

	A. Indian	Asian	Black	Hispanic	White	Other	Female	Male	Total
Total	_____	_____	_____	_____	_____	_____	_____	_____	_____

Total Volunteers _____ Total Vol. Hours _____