

ACCESSIBILITY PLAN WORKSHEET

PARISH/SCHOOL: _____ DATE: _____

Project	Completion Date	Description/Comments
Start a <i>That Every Ability May (TEAM) Belong Ministry</i> .*		
Plan activities and observe <i>TEAM Belong Month</i> * to involve the entire community in welcoming individuals of all abilities.		1. _____ 2. _____ 3. _____
Conduct a <i>Survey of Needs</i> .*		
Tabulate survey results.		
Prioritize access projects to meet needs:		
1.		
2.		
3.		
4.		
Apply for a <i>TEAM Belong Award</i> .*		
Facilitate children applying for a <i>Junior TEAM Belong Award</i> .*		

*Resources available at TEAMBelong.org

Complete the form below for each prioritized project. Some projects will require only a few action steps, others more.

Prioritized Project Name	Estimate Cost	Project Team/Vendors/Contractors
		1. _____ 2. _____ 3. _____
Is Funding Source Needed?	Length of Time to Complete Project	Contractor/Vendor
<input type="checkbox"/> No cost or costs are within the existing budget <input type="checkbox"/> Small amount of fundraising needed <input type="checkbox"/> Requires fundraising campaign, grants, major donors	<input type="checkbox"/> Short term project of several weeks <input type="checkbox"/> Completed in several months <input type="checkbox"/> Long term project requiring up to a year	<input type="checkbox"/> Completed in-house <input type="checkbox"/> Completed by volunteer <input type="checkbox"/> Outside professionals needed
Local, State or Federal Accessibility Requirements (if needed)		
1. _____ 2. _____ 3. _____		
Action Steps		
1. _____ 2. _____ 3. _____ 4. _____		
Start Date:	Completion Date:	