|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency:** | **Program Period:** | | | |
| Funding Source: | **Submission Date:** | | | |
| **Service Category:** | Submitted by: | | | |
| **Service Category Budget $** | Telephone # | | | |
| **GOAL 1:** | | | | |
| Measurable Objectives/Activities: | | | | |
| **Process Objective #1:*****[Example: By December 31, 2008, provide 2,500 face-to-face outreach contacts for 500 unduplicated injection drug users in Wards 5 & 6]*** | | | | |
| Key activities needed to meet this objective: | | Start Date/s: | Completion Date/s: | Key Personnel (Title) |
|  | |  |  |  |
| **Process Objective #2:** | | | | |
| Key activities needed to meet this objective: | | Start Dates: | Completion Dates: | Key Personnel (Title) |
|  | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Process Objective #3:** | | | |
| Key activities needed to meet this objective: | Start Dates: | Completion Dates: | Key Personnel (Title) |
|  |  |  |  |

**Please duplicate as needed for each Program Goal. A workplan is required for each proposed service category under this application.**