

WORK PLAN

Agency:		Program Period:	
Funding Source:		Submission Date:	
Service Category:		Submitted by:	
Service Category Budget \$		Telephone #	
GOAL 1:			
Measurable Objectives/Activities:			
Process Objective #1: <i>[Example: By December 31, 2008, provide 2,500 face-to-face outreach contacts for 500 unduplicated injection drug users in Wards 5 & 6]</i>			
<u>Key activities needed to meet this objective:</u>	<u>Start Date/s:</u>	<u>Completion Date/s:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • • 		
Process Objective #2:			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • • • 			

HAHSTA Use Only:

Approved by: _____ Date: ___ / ___ / ___

P.I.S. DB Entered: _____ (Initials) DATE: ___ / ___ / ___

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Process Objective #3:			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none">••••			

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

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Approved by: _____ Date: ___ / ___ / ___

P.I.S. DB Entered: _____ (Initials) DATE: ___ / ___ / ___