

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: *[Example: By December 31, 2008, provide 2,500 face-to-face outreach contacts for 500 unduplicated injection drug users in Wards 5 & 6]*

<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"> • • • • 			

<u>HAHSTA Use Only:</u>	
Approved by: _____ Date: ___/___/___	P.I.S. DB Entered: _____ (Initials) DATE: ___/___/___

WORK PLAN

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.

<u>HAHSTA Use Only:</u>		
Approved by: _____	Date: ___/___/___	P.I.S. DB Entered: _____ (Initials) DATE: ___/___/___