

CSAC CALENDAR 2023 SCOPE OF SERVICES OUTLINE

AGENCY NAME _____

Total Award Requested _____

Total Agency Budget _____

Program #		Program/Project Name	
Total Program Budget		% of Funding Requested to Support this Program	

Description of Scope of Services

Describe the services you will provide with Pueblo County/City of Pueblo Partnership Funds, Identify the Target Population (include appropriate demographic information such as age, ethnicity, gender, elderly, low-income, single parent, etc.) for which this program is intended, and the unmet needs of the community it will address

Performance Measures

State the program/project performance measures below in terms of outputs and outcomes.

OUTPUTS	
Individuals Served/Proposed 2023	
Individuals Served/Proposed 2022	
Individuals Served Actual 2021	
Are the individuals Duplicated or Unduplicated?	

Unit Descriptions Related to the Program (i.e. meals, hours, trips, persons, visitors, etc)

Units Projected to Provide _____

Current Director, Program Manager and Finance person, name, email address and phone no.