

# CSAC CALENDAR 2026 SCOPE OF SERVICES OUTLINE

Complete a Program/Project Scope of Service for **EACH** Program that you request/receive Partnership Funding, including Management and Admin. expenses.

Agency Name \_\_\_\_\_

Total Award Requested \_\_\_\_\_

Total Agency Budget \_\_\_\_\_

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

**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 2026	
Individuals Served/Proposed 2025	
Individuals Served Actual 2024	
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 Number.

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### PROGRAM OUTCOMES

Outcomes are the measurable impacts, benefits or changes for participants during or after your services. The changes in participants are expressed in terms of knowledge and skills, attitudes or behavior, status or condition, etc.

### MEASUREMENT and EVALUATION

Describe the tools used to determine and measure the effectiveness of services

How will you evaluate progress towards your goals?

What steps do you take to address goals that are not progressing as projected?

### CSAC FUNDING

Please explain what awarded CSAC funding would be used to fund for this program.