Agency: Effective Date: 7/1/2024 – 9/30/2024

Program:

| **Primary Focus Area:** Family Support |
| --- |
| **Process Objective (What)** | **Program Activities (How)** | Responsible Parties**(Who)** | **Expected Outcomes****(Why)** | **Indicator****Measurements****(Evidence)** | **Data****Source****(Where)** | **Time of Measurements****(When)** |
|  |  |  | 1. |  |  |  |
|  |  |  | 2. |  |  |  |
|  |  |  | 3. |  |  |  |
|  |  |  | 4. |  |  |  |