Agency: Effective Date: 01/13/2025 – 9/30/2025

Program:

| **Primary Focus Area:** (Select One) [ ]  Family Support  |
| --- |
| **Process Objective (What)** | **Program Activities (How)** | Responsible Parties**(Who)** | **Expected Outcomes****(Why)** | **Indicator****Measurements****(Evidence)** | **Data****Source****(Where)** | **Time of Measurements****(When)** |
|  |  | Volunteers: Yes [ ]  No [ ]  ***(check yes or no and do not remove from matrix)*** | 1. |  |  |  |
|  |  | Volunteers: Yes [ ]  No [ ]  ***(check yes or no and do not remove from matrix)*** | 2. |  |  |  |
|  |  | Volunteers: Yes [ ]  No [ ]  ***(check yes or no and do not remove from matrix)*** | 3. |  |  |  |