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. |  |  |  |