**ATTACHMENT 5**

**SCOPE OF WORK**

**Contract Period:**

**Agency Name:**

**Program Name:**

**Target Population:**

**Geographic area(s) served:**

**Commission Districts:**

**Overview:**

**Evidence-based model or promising practice:**

**Observed Need/Risk Factor(s) that will be addressed:**

**Services:**

* Service/Activity
* Service/Activity
* Service/Activity

**Outcomes:**

The following outcomes will be tracked:

* # and % of TARGET OUTCOME 1;
* # and % of TARGET OUTCOME 2;
* # and % of TARGET OUTCOME 3.

**Reports Submission:**

The AGENCY shall provide monthly, quarterly and annual data for all program participants funded in this Contract. The reports shall be presented in a format acceptable to COUNTY.

* Monthly Report format, Exhibit #, Form 1
* Quarterly Report format, Exhibit #, Form 2
* Logic Model, Exhibit #, Form 3
* Annual Report format, Exhibit #, Form 4

**Projected number of clients served:**