**ATTACHMENT 6**

**Scope of Work**

**FY 2019**

**Agency Name:**

**Program Name:**

**Target Population:**

**Geographic area(s) served:**

**Commission District(s):**

**Overview:**

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

**Services:**

**Outcomes:**

* # and % ;
* # and % ;
* # and % .

**Number of Clients Served:**