

## **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:**