Attachment B: Workplan (complete one form for each requested service and funding category)

Agency Name:	Authorized Contact and Title:
Signature of Authorized Contact:	
Requested Service:	Amount Requested:
Expected Clients to be Served: (Unduplicated)	<b>Expected Service Units to be provided:</b> (*Please reference subservice listing posted on ISDH HIV Services website)
Service Unit Cost: (Divide Amount Requested by Expected Service Units)	
Provide a <i>brief</i> description of the requested service and me	thod of service delivery:
Goal: Specify the overall result to be accomplished, i.e. what	is the specific result being sought and why is it being sought:
<b>Objectives:</b> Objectives are specific actions needed to reach yo measureable result for each objective. Objectives must be quar	

Activities: Activities are strategies or tasks that must occur to implement each objective. Activities should include an action, identify who will do the action, identify materials and resources needed, and specify when the action will occur. Specify activities for each of your listed objectives.	Specify who will implement the activities and when the activities will be provided.
<b>Evaluation:</b> Describe the specific method you will use to evaluate progress toward your goal and objectives: Who is responsible for evaluating the project and when during the grant year will evaluation be conducted? What actions will you take if you are not making progress toward your goal/objectives?	Specify who will evaluate progress toward goals and objectives. Use specific staff titles. Indicate when evaluations will be conducted and plans for corrective actions, if needed.
Performance Measures: What measures will you use to evaluate your progress? How will these measures be created and monitored and by whom?	Specify which staff person will be responsible for collecting and reporting performance measures data. Indicate how often data will be collected and what system will be used to manage the data.