

2011 Greater Augusta Work Plan & Evaluation -4th Quarter & Final Report
 Due April 13th, 2012 (Reporting Period January 1st-March 31st, 2012)

Date: _____

Organization Name: _____

Community Concern: _____

Program Name: _____

Direct Human Services

Describe Service	# Clients	Units of Service	Person Responsible for Service Delivery	Planned Outcome	Actual Outcome	Evaluation Tool

You may make as many copies of this form as needed

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Date: _____

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Program Name: _____

Education & Support

Describe Service	# Participants	# Sessions	Person Responsible for Service Delivery	Planned Outcome	Actual Outcome	Evaluation Tool

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Date: _____

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Community Concern: _____

Program Name: _____

Community Events

Describe Event	# Participants	# Events	Person Responsible for Service Delivery	Planned Outcome	Actual Outcome	Evaluation Tool

You may make as many copies of this form as needed