



Department of Community Services and Development  
Community Services Division  
Work Plan CSD 641  
Instruction Sheet

**Contractor Heading Information:**

1. Contract Number: Complete the Contract Number field in the top right corner of form.
2. Date Submitted: Complete the Date Submitted field in the top right corner of form by clicking in box and selecting date from calendar.
3. Contractor Name: Complete the Contractor Name field by selecting the name of your agency in the drop-down menu provided.
4. Contact Person and Title: Complete the Contact Person Name and Title, with the name of the person responsible for completing the work plan.
5. Phone Number: Complete section with the phone number and extension of the person named in the Contact Person and Title field.
6. Email Address: Complete section with the email address of the person named in the Contact Person and Title field.

**Program/Service Name**

7. Complete the Program/Service Name field by identifying the Program/Service in which the agency plans to collect statistical data on in the current program year. If the activity is a service and not a specific program list it here.

**Program Name Examples:** Homeless Care Program, Live Good Program, Family Source Program

**Service Name Examples:** Food Bags, Shelters, or Free Tax Preparation.

**Program Description**

8. Complete the Program Description field by providing a brief description of Program/Service in which the agency plans to collect statistical data during the current program year.

**Example:** Using Homeless Care Program: A six bed, 24-hour recuperative care program at Memorial Shelter for homeless clients discharged from the hospital.

**Domain (s)**

9. Complete the Domain (s) field by checking the box next to the appropriate domain for the Program/Service in which the agency plans to collect statistical data on during the current program year. The domain(s) provided are in correlation to the Annual Report Modules (2-4).

\*Note some Program/Service(s) will be applicable to more than one domain. Select all the Domain (s) that are applicable to the Program/Service.

**Example 1:** Using Homeless Care Program: domain selected = Health and Social Behavior Development

**Example 2:** Migrant Childcare-Head Start: domains selected = Employment and Education and Cognitive Development

**Projected # of Individuals to be Served**

10. Complete the Projected # of Individuals Served field by entering the number of individuals that the agency anticipates serving in the correlating Program/Service for the current program year.

**Example 1:** Using Homeless Care Program: Health and Social Behavior Development - 1,603 individuals served.

**Example 2:** Migrant Childcare-Head Start: Employment-100 individuals and Education and Cognitive Development 300 individuals

Program/Service Name	Program Description	Domain (s) (Check all that apply)	Projected # of Individuals to be served
EXAMPLE 1 Homeless Care Program	A six bed, 24-hour recuperative care program at Memorial Shelter for homeless clients discharged from the hospital.	<input type="checkbox"/> Employment <input type="checkbox"/> Education and Cognitive Development <input type="checkbox"/> Income and Asset Building <input type="checkbox"/> Housing <input checked="" type="checkbox"/> Health and Social/Behavioral Development <input type="checkbox"/> Civic Engagement and Community Involvement	1,603 Individuals Served
EXAMPLE 2 Migrant Childcare-Head Start	Childcare program to assist working Migrant Families	<input checked="" type="checkbox"/> Employment <input checked="" type="checkbox"/> Education and Cognitive Development <input type="checkbox"/> Income and Asset Building <input type="checkbox"/> Housing <input type="checkbox"/> Health and Social/Behavioral Development <input type="checkbox"/> Civic Engagement and Community Involvement	Employment- 100 Individuals Served  Education and Cognitive Development- 300 Individuals Served