

**CSBG WORK PLAN -- APPENDIX D-2**  
 Services, Activities and Outcomes

GOAL 1: (Self-Sufficiency) - Low-Income People Become More Self-Sufficient

Contractor: \_\_\_\_\_ Contract # \_\_\_\_\_

		RESOURCES				
Describe the Condition to be Addressed:		1	2	3	4	5
		CSBG Share	CSBG Required Local Share Match		Other Resources	
Programs:	Primary Assurance Code:	FFY 2001:	Cash	In-Kind	Funds	Code
		\$ _____			\$ _____	
		FFY 2000:			\$ _____	
		\$ _____	\$ _____	\$ _____	List others below.	
Description of Services & Activities:		Milestones: (Describe the positive changes as a result of the services/activities provided.)				*Outcome Meas. Code:
Baseline Group:						
Baseline Group:						
Baseline Group:						
GRANTEE COMMENTS:					Other Resources Cont.	
					\$ _____	
					\$ _____	
					\$ _____	

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GOAL 2: (Community Revitalization) - The Conditions In Which Low-Income People Live Are Improved

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		RESOURCES				
Describe the Condition to be Addressed:		1	2	3	4	5
		CSBG Share	CSBG Required Local Share Match		Other Resources	
Programs:	Primary Assurance Code:	FFY 2001:	Cash	In-Kind	Funds	Code
		\$ _____			\$ _____	
		FFY 2000:			\$ _____	
		\$ _____	\$ _____	\$ _____	List others below.	
Description of Services & Activities:		Milestones: (Describe the positive changes as a result of the services/activities provided.)				*Outcome Meas. Code:
Baseline Group:						
Baseline Group:						
Baseline Group:						
GRANTEE COMMENTS:					Other Resources Cont.	
					\$ _____	
					\$ _____	
					\$ _____	

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GOAL 3: Low-Income People Own A Stake In Their Community

Contractor: \_\_\_\_\_

Contract # \_\_\_\_\_

		RESOURCES				
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		CSBG Share	CSBG Required Local Share Match		Other Resources	
Programs:	Primary Assurance Code:	FFY 2001:	Cash	In-Kind	Funds	Code
		\$ _____			\$ _____	
		FFY 2000:			\$ _____	
		\$ _____	\$ _____	\$ _____	List others below.	
Description of Services & Activities:		Milestones: (Describe the positive changes as a result of the services/activities provided.)				*Outcome Meas. Code:
Baseline Group:						
Baseline Group:						
Baseline Group:						
GRANTEE COMMENTS:					Other Resources Cont.	
					\$ _____	
					\$ _____	
					\$ _____	

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GOAL 4: Partnerships Among Supporters And Providers Of Services To Low-Income People Are Achieved

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Contract # \_\_\_\_\_

		RESOURCES				
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		CSBG Share	CSBG Required Local Share Match		Other Resources	
Programs:	Primary Assurance Code:	FFY 2001:	Cash	In-Kind	Funds	Code
		\$ _____			\$ _____	
		FFY 2000:			\$ _____	
		\$ _____	\$ _____	\$ _____	List others below.	
Description of Services & Activities:		Milestones: (Describe the positive changes as a result of the services/activities provided.)				*Outcome Meas. Code:
Baseline Group:						
Baseline Group:						
Baseline Group:						
GRANTEE COMMENTS:					Other Resources Cont.	
					\$ _____	
					\$ _____	
					\$ _____	

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GOAL 5: Agencies Increase Their Capacity To Achieve Results

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		RESOURCES				
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		CSBG Share	CSBG Required Local Share Match		Other Resources	
Programs:	Primary Assurance Code:	FFY 2001:	Cash	In-Kind	Funds	Code
		\$ _____			\$ _____	
		FFY 2000:			\$ _____	
		\$ _____	\$ _____	\$ _____	List others below.	
Description of Services & Activities:		Milestones: (Describe the positive changes as a result of the services/activities provided.)				*Outcome Meas. Code:
Baseline Group:						
Baseline Group:						
Baseline Group:						
GRANTEE COMMENTS:					Other Resources Cont.	
					\$ _____	
					\$ _____	
					\$ _____	

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GOAL 6: (Family Stability) - Low-Income People, Especially Vulnerable Populations, Achieve Their Potential By Strengthening Family And Other Supportive Systems

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		RESOURCES				
Describe the Condition to be Addressed:		1	2	3	4	5
		CSBG Share	CSBG Required Local Share Match		Other Resources	
Programs:	Primary Assurance Code:	FFY 2001:	Cash	In-Kind	Funds	Code
		\$ _____			\$ _____	
		FFY 2000:			\$ _____	
		\$ _____	\$ _____	\$ _____	List others below.	
Description of Services & Activities:		Milestones: (Describe the positive changes as a result of the services/activities provided.)				*Outcome Meas. Code:
Baseline Group:						
Baseline Group:						
Baseline Group:						
GRANTEE COMMENTS:					Other Resources Cont.	
					\$ _____	
					\$ _____	
					\$ _____	

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