

ALL OTHER CSBG FUNDED OR SUPPORTED PROGRAMS, SERVICES AND ACTIVITIES FOR WHICH MEASURES WERE NOT SELECTED

Contractor: _____	Goal # _____	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.)					
Baseline Group:						
Baseline Group:						
Baseline Group:						
GRANTEE COMMENTS:					Other Resources Cont.	
					\$	
					\$	
					\$	