# **Scope of Work**

**Goal 1:**Click here to enter a goal.

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| --- | --- | --- | --- |
| **Outcome Objective 1a:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |

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| --- | --- | --- | --- |
| **Outcome Objective 1b:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |